



# 21st Annual STAR Show



First Name:		Last Name	
Date of Birth:	Age:	Club/Chapter	
Mailing Address:			
City	Zip	Phone	
Email Address			
Name of School		District	
Division	Number Entered	Fee	Total
MARKET SHOWS			
MARKET GOAT			
MARKET HOG			
MARKET LAMB			
MARKET RABBIT			
MARKET STEER			
BREEDING SHOWS			
BREEDING GILTS			
SHEEP SHOWS			
DORPER			
MEDIUM WOOL			
SOUTHDOWN			
BREEDING GOATS			
COMMERCIAL			
PERCENTAGE			
PUREBRED			
BREEDING CATTLE			
ABC HEIFER			
AOB HEIFER			
BEEFMASTER HEIFER			
BRAHMAN HEIFER			
COMMERCIAL ABC HEIFER			
COMMERCIAL AOB HEIFER			
SANTA GERTRUDIS HEIFER			
SIMBRAH HEIFER			
ABC BULL			
AOB BULL			
TWO DAY PARKING PASSES			
TOTAL FOR EXHIBITOR FEES			

## Fees

Fees are \$100 for the 1st entry and \$50 for every additional entry  
Exhibitors are NOT LIMITED to the amount of entries they may submit.

Parking Pass is \$20 or pay \$10 per day at the gate

Entry forms and payments will only be accepted by the Clubs or Chapters.  
Please have checks made payable to your 4H Club or FFA Chapter.

# BREEDING ANIMAL INFORMATION FORM

Complete BREEDING animal information	Complete BREEDING animal information
BREED	BREED
SEX	SEX
DATE OF BIRTH	DATE OF BIRTH
NAME OF ANIMAL	NAME OF ANIMAL
REGISTRATION NUMBER	REGISTRATION NUMBER

Complete BREEDING animal information	Complete BREEDING animal information
BREED	BREED
SEX	SEX
DATE OF BIRTH	DATE OF BIRTH
NAME OF ANIMAL	NAME OF ANIMAL
REGISTRATION NUMBER	REGISTRATION NUMBER

Complete BREEDING animal information	Complete BREEDING animal information
BREED	BREED
SEX	SEX
DATE OF BIRTH	DATE OF BIRTH
NAME OF ANIMAL	NAME OF ANIMAL
REGISTRATION NUMBER	REGISTRATION NUMBER

# 2024 STAR ENTRY CERTIFICATION FORM

NAME

ADDRESS

CITY

STATE

ZIP CODE

EXHIBITOR PHONE NUMBER

DATE OF BIRTH

EXHIBITOR EMAIL ADDRESS

CLUB/CHAPTER

I hereby make application for entry/exhibition in the STAR Show. As a condition of such entry, I hereby certify that I have read and am familiar with the rules and regulations of the STAR Show, including the rules and regulations contained in the current STAR Show Premium Book (the "general rules, regulations and procedures to be followed by all exhibitors"), and that my entry/exhibit, whether one or more, is owned and has been fed, fitted and exhibited in accordance with the regulations. I agree that should this certification prove false, I can be disqualified from further participation in all activities of the STAR and will forfeit all prizes, premiums, privileges, and rights of an exhibitor. We, the exhibitor and parent/guardian have not administered to any exhibit/entry entered by exhibitor, and to the best of our knowledge, the entry has not received, any substance not approved by the U.S. Food and Drug Administration (FDA) and/or the U.S. Department of Agriculture (USDA) for consumption by animals. We further certify that no exhibit/entry under our control will be within any withdrawal time relative to the administration of any drug, chemical or feed additive approved by the FDA and /or the USDA at any time after arrival of the entry/exhibit on the grounds. Animals under the care of a licensed veterinarian and/or taking any type of performance enhancing medication to include, but not limited to steroids, diuretics, anti-inflammatories, tranquilizers and painkillers, are ineligible for competition. Animals receiving performance-enhancing drugs (i.e. including, but not limited to, steroids, diuretics, anti-inflammatories, tranquilizers and painkillers) in this manner are ineligible for competition. The exhibitor agrees to submit any animal, breeding and/or market, entered by him/her to inspection by any veterinarian appointed by the Executive Committee and agrees to have such animal submitted to such tests as may be requested at any time. STAR also reserves the right to have ultrasound, D.N.A., blood and /or urine laboratory analysis made on any animal entered for competition. The exhibitor, including his or her parent or guardian or AST or 4-H Club Manager for Junior exhibitors, must be present during the collection for testing and must witness, seal and sign the sample; thus verifying the sample to be properly collected and prepared for analysis. The conclusions reached by the veterinarian and analyses shall be final and conclusive without recourse against STAR or any officer, director, or employee thereof or any veterinarian appointed by the Executive Committee. The exhibitor waives any right of action which he might have for any action taken under this rule, and releases STAR and the veterinarian from any and all claims or demands whatsoever in connection with the inspection or testing of any such animal or any ruling or action taken by reason of the conclusion of such veterinarian. The exhibitor will forfeit all titles, awards, prizes, premiums, and scholarships if the animal is disqualified. USE OF LIKENESS CONSENT - I, the undersigned parent or guardian of the exhibitor identified in the application, do hereby acknowledge that I am aware of the intent of the STAR to utilize photographs, video tapes, and other likenesses of exhibitors in the events of the STAR in the media, including but not limited to magazines, newspapers, television, promotional literature, the world wide web ("internet") and in STAR programs in consideration of exhibitor being allowed the privilege of participating in the events of the STAR, I do hereby grant to the STAR the right to use any such photograph, video tapes and other likenesses of my child or ward in the media FOR EXHIBITOR & PARENT/GUARDIAN - by my signature below, hereby certify that I have read, understand, and will abide by all of the regulations of the STAR. I am aware of the consequences of any violation of the regulations and stated rule violations of the use of drugs, chemicals and/or feed additives.

DATE

Exhibitor Signature

DATE

Parent/Guardian Signature

I hereby certify that the exhibitor's entry, whether one or more, is eligible in accordance with the regulations of the STAR and I have informed the exhibitor of the consequences of stated rule violations of the use of drugs, chemicals and/or feed additives. To the best of my knowledge, this certification is correct.

DATE

AST/4-H Club Manager/ FCCLA Sponsor/County Agent

# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-				-	
or									
Employer identification number									
				-					

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ►	Date ►
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*