HERITAGE TOBACCO HARVEST COMPETITION
2016 ENTRY FORM

Sponsored by TGANC Tobacco Growers Association of North Carolina

"DD1"
ENTRIES CLOSE SEPTEMBER 26, 2016

MANAGER, N.C. STATE FAIR
Please accept the following entries, subject to the Rules and Regulations of the North Carolina State Fair, as listed in the online Premium Book, by which I agree to be governed in exhibiting. All statements made in connection with said entries are true.

FOR FAIR USE ONLY

Exhibitor No. _____

I SPECIFICALLY AGREE TO ABIDE BY PUBLISHED OFFICIAL RELEASE TIME FOR REMOVAL OF EXHIBITS.

Exhibitor Name **PERSON RESPONSIBLE for account and to RECEIVE premium checks** (Please Print or Type **Full Legal Name** Below)

First Name_____Middle Initial_____Last Name_____

Address (Apt. #, R.F.D. or P.O. Box Number): _____

City_____State_____Zip+4_____Email Address_____

Phone _____County _____

MUST HAVE Soc. Security # MATCHING EXHIBITOR'S NAME in order to pay premiums

Social Security # ___ ___ ___ -- ___ ___ -- ___ ___ ___ ___

IMPORTANT IRS INFORMATION: ***Internal Revenue Service (IRS) regulations require that we have the Social Security Number (SSN) or Taxpayer Identification Number (TIN) which corresponds to the name to whom the check for prize money is written.*** *If we are notified by the IRS that the SSN or TIN does not match the name of record, we will have to backup withholding taxes and you may be subject to a $50 penalty by the IRS. A separate form should be used for each SSN/TIN. You must provide this information to be eligible for prize money. Also IRS regulations state that any prize money totaling $600 or more in a calendar year must be reported on a Form 1099.*

Signature_____

1. **Exhibitors will be allowed to register their exhibits without disclosing a SSN.**
2. **Exhibitors are fully aware that choosing NOT to disclose their FULL SSN at the time of registration (paper entry forms or online), EVEN IF THE EXHIBITOR HAS SUBMITTED AN ENTRY IN THE PAST, forfeits any and all premium monies they were entitled to.**
3. **State Fair staff WILL NOT contact winning exhibitors following the fair who did not submit their SSN at the time of registration, and WILL NOT have access to or reference Social Security Numbers submitted in previous years.**
4. **State Fair staff WILL NOT accept any calls/emails/etc. from winning exhibitors who choose not to disclose their SSN at the time of registration.**
5. **Prizes such as ribbons, medals, rosettes and plaques will be awarded to winning exhibitors who do not disclose their SSN at the time of registration.**

Class Number	Department Letters and Lot Number	1. USE EXACT WORDING OF LOT NUMBER LISTED IN PREMIUM BOOK 2. Description of Article
Example 101	DD00001	Lugs/primings

MAIL FORM TO:
N.C. State Fair Entry Office • 1025 Blue Ridge Road • Raleigh, NC 27607

Exhibitor Name _____ Exhibitor No. _____

Class Number	Department Letters and Lot Number	1. USE EXACT WORDING OF LOT NUMBER LISTED IN ONLINE PREMIUM BOOK 2. Description of Article