Exhibitor \_\_\_\_\_\_\_\_\_ Received \_\_\_\_\_\_\_\_\_\_\_\_\_ Amount Paid\_\_\_\_\_\_\_\_\_ Check no.\_\_\_\_\_\_\_\_\_ Received by \_\_\_\_\_\_\_\_\_\_

CAPE FEAR POULTRY ASSOCIATION **OPEN DOUBLE** SHOW ENTRY FORM

**DATE OF SHOW: DECEMBER 13, 2025 ENTRY DEADLINE: DECEMBER 8, 2025**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, **do hereby acknowledge and agree that by attending and participating in this show, I do so at my own risk due to the uncertainty of the COVID-19 Virus.** I make the following entry subject to the rules and regulations in the show catalog. By making this entry, I give Cape Fear Poultry Association permission to use my contact information (address, phone #, email) for the Exhibitors List, club members, etc., I agree and accept the NO EARLY COOPING OUT rule. I understand all entry fees must be paid even if I cannot attend. I acknowledge and accept the North Carolina State Health Requirements for exhibiting poultry in North Carolina.

STREET ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: (\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE\_\_\_\_\_\_\_\_\_\_\_\_\_ZIP\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***\*\*PLEASE USE YOUR SAME NAME AND ADDRESS AS RECOGNIZED BY THE APA/ABA & BREED CLUBS***

 ***TO ENSURE YOU WILL RECEIVE YOUR POINTS\*\*.***

UNDER **TYPE** USE “**L**” LARGE FOWL, “**B**” BANTAM, “**T**” TURKEY, “**Ga**” GUINEA, “**D**” ALL DUCKS, “**G**” ALL GEESE

 UNDER **VARIETY** use Bearded or Non-Bearded, SC (single comb) or RC (rose comb) ***only if it applies to that color or breed.***

***FORMS MAY BE COPIED FOR MORE SPACE or MORE THAN ONE ENTRY***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| BREED | **VARIETY** | **TYPE** | **COCK** | **HEN** | **COCKEREL** | **PULLET** | **TOTAL****BIRDS** |
| EXAMPLE: PLYMOUTH ROCKEXAMPLE: SILKIEEXAMPLE: RHODE ISLAND  | WHITEBearded or non-bearded & ColorRed or White SC or RC | LBL | 1 DC23 DC | 232 | 3 DC44 DC | 253 | 81412 |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**Total number of birds entered\_\_\_\_\_\_\_ X $7.00 per bird Entry Fee \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Number of double coops \_\_\_\_\_\_ X $6.00 (Please specify bird for Double Coop) DC Fee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **CLEAN-UP FEE PER EXHIBITOR $5.00\_\_\_\_\_\_\_\_\_**

 **Total Amount Due $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Send the completed form with a check or money order payable to Cape Fear Poultry Association

C/O Donna Worthington, 118 Kincalf Lane, Macclesfield, NC 27852

**Phone: 252-827-2491 or 252-341-8706 Email: donna.worthington@aol.com**

 **PayPal is available on our website** [**www.capefearpoultryassociation.com**](http://www.capefearpoultryassociation.com)