



2026 Cabarrus County Fair Competitive Exhibit Entry Form



Please accept the entries indicated below subject to the rules and classifications governing exhibits at the Cabarrus County Fair, as published in the Fair Book, and by which I hereby agree to be governed in exhibiting.

Exhibitor Name: _____ Email: _____

Address: _____ Phone: _____
(Street) (City) (State) (Zip Code)

Age of Exhibitor (if under 18): _____ Date of Birth of Exhibitor (if under 18): _____

ENTRY CODES	CLASS	DESCRIPTION OF ARTICLE
EXAMPLE: B-14-1	TOMATOES	TOMATOES, BEST 5

Did you remember to include your W-9? Sign & date it?

- My signature below indicates that I understand and agree to the following:
- The Fair and Cabarrus County will not be responsible for any claims, losses, injuries, or damages done to, occasioned by, or arising from any item exhibited and the exhibitor shall release, indemnify and hold harmless the Fair, Cabarrus County, its agents, employees, officers and contractors from all claims, losses, injuries and damages including, but not limited to, reasonable attorney’s fees.
 - The Fair does not provide refunds. No exceptions.
 - That I have read, am familiar with, and agree to abide by ALL rules, regulations and all other information as provided in the 2026 Fair Book.
 - All premium checks will be mailed to the name and address on the W-9 Form within 60 days of the close of the Fair.
 - 5. TO RECEIVE PREMIUM MONEY, THE W-9 FORM MUST BE FULLY COMPLETED (social security number, signed and dated)**
 - An Entry Form and W9 are required to be submitted under the name and address of the individual exhibiting and must match. Social Security number must match the exhibitors legal name and address.
 - The Fair assumes no responsibility in case of loss or damage to stock or other exhibit from any cause; and upon this condition only are entries received. The exhibitor agrees to hold the Cabarrus County Fair harmless from all liabilities. Exhibitors are urged not to exhibit any items having personal or sentimental value.
 - I certify that these entries were made or produced this year, since the last Fair, and represent my participation in producing the final product.
 - No exhibits may be removed before September 20th at 12:00 pm. My signature below indicates I understand that items not picked up by 4:00 pm on Sunday, September 20th will be considered abandoned.
 - Premiums may be withheld for misrepresentation or failure to comply with the rules. There is zero tolerance for ANY conduct deemed inappropriate by the Fair whether it be in-person, electronically, and/or via telephone Those demonstrating behavior deemed inappropriate may be required to leave the fairgrounds and risks loss of premiums, current and future participation and/or any ribbons.

I understand that rules are subject to change without notice as a result of changing mandates, guidelines, and safest practice recommendations.
ALL ENTRY FORMS, W-9 FORMS, AND ENTRY FEES MUST BE RECEIVED BY THE FAIR OFFICE BY 4:00 PM ON AUGUST 24th, 2026
MAIL: CABARRUS COUNTY FAIR PO BOX 707, CONCORD, NC 28026 | EMAIL: fair@cabarruscounty.us or
Fair Office Drop Box located at 4759 NC HWY 49 N CONCORD, NC 28025

Signature: _____ Date: _____

Parent Signature is required below for anyone under the age of 18

Parent/Legal Guardian Signature: _____ Date: _____

Relationship to Exhibitor (i.e. Mother): _____ Cell Phone: _____

Select 1 method for sending in your paperwork. Using more than 1 method can result in duplication & disqualification.
 Double Check Your Entry Form and W-9: FORMS MISSING SIGNATURES AND DATE WILL NOT BE ACCEPTED.

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
requester. Do not
send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)			
	2	Business name/disregarded entity name, if different from above.			
	3a	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>	
	<input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____				
	3b		If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>		
	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. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

	Social security number																			
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; text-align: center;">-</td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> </tr> </table>					-														
				-																
	Employer identification number																			
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; text-align: center;">-</td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> </tr> </table>						-													
					-															

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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
------------------	--------------------------	------

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.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they