

EASTERN IDAHO STATE FAIR

Name of Owner _____
 PLEASE PRINT (NAME SAME AS ON REGISTRATION)
 Membership Number _____

EASTERN IDAHO STATE FAIR ~ P.O. BOX 250 ~
BLACKFOOT, ID 83221
 www.funathefair.com ~ (208)-785-2480 ~ FAX (208)-785-2483

Exhibitor # _____

County _____
 Address _____
 City / State / Zip _____
 Phone _____ email: _____

QUARTER OPEN CLASSES PAINT APPALOOSA

ALL IN / OUT OF STATE HORSES MUST PRESENT A CURRENT HEALTH CERTIFICATE UPON ENTRY TO THE FAIR GROUNDS AND A COPY TO BE LEFT IN THE LIVESTOCK OFFICE FOR THE ON SITE VETERINARIAN.

Premiums will not be paid unless W-9 is filled out. All exhibitors must fill out W-9, regardless of being paid or not.

THIS ENTRY MUST INCLUDE COPIES OF THE FRONT & BACK OF THE HORSES REGISTRATION PAPERS AND CURRENT OWNER AND/OR HANDLER MEMBERSHIP CARD.

Stall Fee (CIRCLE DAYS OF Stalls)	_____	X \$15.00 =
AQHA,	_____	per class x \$18.00 =
APHA,	_____	per class x \$15.00 =
AphC,	_____	per class x \$15.00 =
Arabian	_____	per class x \$15.00 =
All Other Breeds	_____	x \$10.00 =
Shavings	_____	per bag x \$7.00 =
Exhibitor tickets, Full Week	_____	x \$20.00 =
Exhibitor tickets, 1/2 Week	_____	x \$10.00 =
TOTAL \$	_____	

I hereby certify that the following animals are entered for exhibition strictly in accordance with the rules and regulations of the Eastern Idaho State Fair as contained in the current Exhibitors Handbook. I hereby release the E.I.S.F. from any liabilities for loss, damage or injury to livestock or other property.

PAYMENT: CASH CREDIT CARD
 CC#: _____

(NO CHECKS ACCEPTED)
 Exp. Date _____

DAY	CLASS #	NAME OF HORSE	REGISTRATION #	SEX	BIRTH DATE	YOUTH BIRTH DATE	BREED	RIDER/HANDLER & ADDRESS	RELATION TO OWNER	MEMBERSHIP #	ENTRY # (office Only)
							Name City/State	Name City/State			
							Name City/State	Name City/State			
							Name City/State	Name City/State			
							Name City/State	Name City/State			
							Name City/State	Name City/State			
							Name City/State	Name City/State			
							Name City/State	Name City/State			

All livestock entries must be made on these forms. A separate form must be used for each department and each exhibitor. MAY BE PHOTOCOPIED