Name of Owner_____
PLEASE PRINT (SAME NAME AS ON REGISTRATION PAPERS)

Membership Number_____

County_____

Address_____

City / State / Zip_____

Phone_____

Email:_____

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.

_____
Exhibitor Signature

VISA MasterCard DISCOVER AMERICAN EXPRESS

Name on CC: _____CC#_____ Exp. Date: _____

Eastern Idaho STATE FAIR
PO Box 250
Blackfoot, ID 83221

WED. 9/7/16 PAINT HORSE ENTRY FORM

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

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

Exhibitor # _____
(office use only)

ENTRY FEE:
How many Classes _____ x $25 = $0
_____

GATE PASSES
Exhibitor Full Week Pass _____ x $20 = $0

Exhibitor Half Week Pass _____ x $10 = $0
- Exhibitor can purchase only 1 Pass
- Caretaker 1 Pass per each animal entered

STALLS: How many Stalls _____ S S M T W T F S
(please circle days)

SHAVINGS:
# of bags _____ x $ 8 = $0

LATE FEE:
A $10 late fee will be added after the entry due date of

August 21ST NO EXCEPTIONS. Late Fee
_____
(NO CHECKS ACCEPTED)

TOTAL = $0

(office use only) Date _____

Amount Paid _____

☐ Paid in full Balance_____

DAY of SHOW	CLASS #	NAME OF HORSE	REGISTRATION #	SEX G/M/S	HORSE BIRTH DATE	YOUTH BIRTH DATE	BREED	RIDER/HANDLER & ADDRESS	RELATION TO OWNER	MEMBERSHIP #	ENTRY # (office Only)
	One Entry Per Line										