

Exhibitors Name _____
(Please Print)

Address _____

City / State _____

Zip _____ County _____

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 _____



SWINE ENTRY FORM

W-9 FORM: ALL LIVESTOCK EXHIBITORS MUST FILL OUT AN IRS W-9 FORM. PREMIUMS WILL NOT BE PAID UNTIL AN IRS W-9 FORM IS COMPLETED.

HEALTH CERTIFICATE: NON TERMINAL SHOW 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.

(office use only) Date _____

Amount Paid _____ Paid in full

Balance _____

ENTRY FEE:
How many Classes _____ x \$5 = _____

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

Exhibitor 1/2 Week Pass _____ x \$10 = _____

- Exhibitor can purchase only 1 Pass
- Caretaker 1 Pass per 4 animals entered

SHAVINGS:
of bags _____ x \$ 8 = _____

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

August 19TH NO EXCEPTIONS. Late Fee _____

(NO CHECKS ACCEPTED) **TOTAL =** _____



NAME ON CC : _____ CC# _____ Exp. Date: _____

DEPT	DIV.	NAME OF CLASS	ENTRY #

