

Exhibitors Name _____
 (Please Print)
 Registration No. _____
 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. By signing below I hereby release the E.I.S.F. from any liabilities for loss, damage or injury to any person, livestock or any other property.

Exhibitor Signature _____



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



PO Box 250
 Blackfoot, ID 83221

MINIATURE HORSE & PONY 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:** ALL OUT OF STATE 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 ONSITE FAIR VETERINARIAN.

(office use only) Date _____

Amount Paid _____

☐ Paid in full Balance _____

[] CASH [] CREDIT CARD [] OTHER _____

EXHIBITOR NO. _____

ENTRY FEE:
 Number of Classes _____ x \$10 = _____

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 every 5 animals entered

SHAVINGS:
 # of bags _____ x \$10 = _____

LATE FEE: A \$10.00 late fee will be added after the entry due date of August 18, 2023.
NO EXCEPTIONS. Late Fee _____

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

STALLS: Number requested (max. 5): _____

DEPT	DIV	CLASS NO.	CLASS NAME	NAME OF ANIMAL	BIRTH DATE	SEX	HANDLER NAME