				wastern Ida	\overline{h}_{2}			ENTRY NO.:	(OFFICE USE ONLY	
Exhib	itor Naı	me:		©STATE FA		IRY GOA' ITRY FOR		ENTRY FEE:	A -F	
				PO Box 250 Blackfoot, ID 832	and a			How many Group Classes:		
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.				□ 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. □ REGISTRATION PAPERS: MUST HAVE REGISTRATION PAPERS BY 5:00 PM ON TUES IN ORDER TO SHOW [Office use only] [PAID IN FULL Amount Raid				Group Classes per entry maximum of 4 per pen 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: x \$10 = LATE FEE: A \$10 late fee will be added after the entry due date of Friday, August 18, 2023. NO EXCEPTIONS. Late Fee:		
Exhibitor Signature				CASH [] or CREDIT CARD []				(NO CHECKS ACCEPTED)	TOTAL =	
VISA	DISCO	VER CONTROL Cards								
NAME	ON CC	:		CC#:				Exp. Date:	CVS:	
NO.	DIV.	CLASS	NAME OF ANIMA	AL	REGISTRY#	BIRTH DATE	BREED	NAME OF BREEDER	NAME OF OWNER	
									1	

NO.	DIV.	CLASS	NAME OF ANIMAL	REGISTRY #	BIRTH DATE	BREED	NAME OF BREEDER	NAME OF OWNER
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