Exhibitors Name		aretern Task	JR. DRAFT		EXHIBITOR NO		
(Please Print) Address		STATE FAIR	SHOWMAI	NSHIP			
City	State	PO Box 250 Blackfoot, ID 83221	COMPETI	TION	ENTRY FEE:		
Zip Count ^v	,	<u> </u>			NO ENTRY FEES FOR HALTER CLASSES.		
	y	— D W-9 FORM: TORS MUST FILL		<u>CK EXHIBI-</u> N-9 FORM.	BELT BUCKLE AWARDED IN BOTH BRAID		
Phone #		- PREMIUMS WILL N			AND UNBRAIDED CLASSES.		
Email:		W-9 FORM IS COM	PLETED.				
I hereby certify that the following anima	als are entered for exhibition	□ HEALTH CE	RTIFICATE: A	ALL OUT OF	NO PREMIUMS PAID FOR HALTER CLASS		

FAIR VETERINARIAN.

strictly in accordance with the rules and regulations of the Eastern Idaho State Fair as contained in the current Exhibitors Handbook. I hereby cerfity by signing below that I release the E.I.S.F. from any liabilities for loss, damage and/or injury to any person, livestock or any other property associated with said entry.

Exhibitor Signature

AWARDED IN BOTH BRAIDED DED CLASSES. S PAID FOR HALTER CLASSES. STATE HORSES MUST HAVE A CURRENT

> ALL YOUTH MUST BE 18 YEARS OLD OR UNDER AS OF AUGUST 1, 2024 TO COMPETE.

DUE DATE IS AUGUST 16, 2024 to LIVESTOCK OFFICE.

DEPT	DIV.	BREED	NAME OF ANIMAL	REGISTRY #	HORSE BIRTH DATE	SEX	HANDLER AGE	NAME & ADDRESS OF HANDLER

HEALTH CERTIFICATE UPON ENTRY TO THE

FAIR GROUNDS AND A COPY MUST BE LEFT

IN THE LIVESTOCK OFFICE FOR THE ON SITE

P.O. BOX 250, BLACKFOOT, ID 83221, www.funatthefair.com (208)-785-2480 ~ FAX (208)-785-2483, Email Entries to: entries@funatthefair.com All Draft Horse Entries must be made on this form. A separate entry form is required for each Exhibitor. This form may be photocopied.