	Eastern Idaho	SHEEP	EXHIBITOR #:	(OFFICE USE ONLY)	
Name	STATELAR	ENTRY FORM	ENTRY FEE:		
Address	PO Box 250 Blackfoot, ID 83221		How many Classes x \$ (Group Classes per entry maximum of 4 per pen)	55 =	
City State	[ ] W-9 FORM: ALL L	IVESTOCK EXHIBI-TORS	How many Group Classesx	\$5 =	
Zip County	MUST FILL OUT AN IRS W-9 FORM. PREMIUMS		GATE PASSES		
		IL AN IRS W- 9 FORM IS		20 =	
Phone #	COMPLETED.		Exhibitor 1/2 Week Pass x \$	10 =	
Email:	[ ] REGISTRATION P	PAPERS: MUST HAVE			
I hereby certify that the following animals are entered for exhibition strictly in	DAY IN ORDER TO SHOV		<ul> <li>Caretaker 1 Pass per 4 animals er</li> </ul>	ntered	
rdánce with the rules and regulations of the Eastern Idaho State Fair as ained in the current Exhibitors Handbook. By signing below, I hereby use the E.I.S.F. from any liabilities for loss, damage or injury to any person tock or other property.		<b>·</b>	LATE FEE: A \$10 late fee will be added after the entry due date of August 16, 2024. NO EXCEPTIONS. Late Fee \$10 =		
	(office use only) Date	•			
Exhibitor Signature	PAID IN FULL [ ] Am		(NO CHECKS ACCEPTED) TOTAL DUE	Þ	
	Cash [ ] or Credit Card [	] or Other			

						CVS:
DIV.	CLASS	NAME OF ANIMAL	REGISTRY #	BIRTH DATE	SEX	BREED
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