

Exhibitors Name _____
 (Please Print)
 Registration No. _____
 Address _____
 City _____ State _____
 Zip _____ County _____
 Phone # _____
 Email: _____



**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 ON SITE FAIR VETERINARIAN.

(office use only) Date _____
 Amount Paid _____
 Paid in full Balance _____
 [] CASH [] CREDIT CARD [] OTHER _____

EXHIBITOR NO. _____

ENTRY FEE:
 How many Classes _____ x \$10 = _____

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

Exhibitor 1/2 Week Pass _____ x \$10 = _____
 • Exhibitor can purchase only one pass
 • Caretaker 1 Pass per three animals entered

SHAVINGS:
 # of bags _____ x \$12.00 = _____

LATE FEE: A \$10 late fee will be added after the entry due date of August 16, 2024.

NO EXCEPTIONS. Late Fee _____

(NO CHECKS ACCEPTED) TOTAL = _____

STALLS: Number requested (max. 5) _____
 1ST HALF WEEK [] 2ND HALF WEEK [] FULL WEEK []

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 any person, livestock or any other property.

Exhibitor Signature _____



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

DEPT	DIV	CLASS NO.	CLASS NAME	NAME OF ANIMAL	DATE OF BIRTH	SEX	HANDLER NAME	ENTRY # (office use only)
M	II	75	Pony Team Draft Harness	EXAMPLE1	01/01/2000	F	John Doe	office use only