				Tastern Ida	Bo	IDV COA	Te	ENTRY NO.:	(OFFICE USE ONLY)
Exhibit	tor Nar	me:		STATE FA		IRY GOA' ITRY FOR		ENTRY FEE:	
				PO Box 250 Blackfoot, ID 832	A.	IIKI FOR		How many Group Classes:	x \$5 = x \$5 =
City: Zip:		(State:	O W-9 FO TORS MUST FORMIUMS WILL 9 FORM IS COM	<u>FILL OUT AN II</u> LL NOT BE PAID	RS W-9 F	XHIBI- FORM.	GATE PASSES Exhibitor Full Week Pass	x \$20 = x \$10 = x \$10 =
Email:	certify tha	t the following	g animals are entered for exhibition strictly in equilations of the Eastern Idaho State Fair as		RATION PAPER N PAPERS BY 5 SHOW		TUES	 Caretaker 1 Pass per 4 a SHAVINGS: # of bags: LATE FEE: A \$10 late fee will be a 	x \$12 =
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			rs Handbook. By signing below I hereby bilities for loss, damage or injury to any	(office use only) [] PAID IN FULL Amount Paid CASH [] or CREDIT CARD []				due date of Friday, August 16, 202	
	ON CC			CC#:				Exp. Date:	CVS:
NO.	DIV.	CLASS	NAME OF ANIMA	AL	REGISTRY#	BIRTH DATE	BREED	NAME OF BREEDER	NAME OF OWNER

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