Name of Owner			DRAFT HORSE HITCH			EXHIBITOR NO										
(Please print)			@STA	HITCH	ENT	RY FEE:										
Address				PO Box 250 ckfoot, ID 83221			x \$10 =									
City		State				E PASSES:										
ZipCountyPhone			☐ 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.			Exhibitor tickets, Full Weekx \$20 = Exhibitor tickets, 1/2 Weekx \$10 =										
									Email:				HEALTH CERTIFICATE: ALL OUT OF	Exhibitor can purchase only 1 Pass		
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			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.			<ul><li>Caretaker 3 Passes per team</li><li>SHAVINGS: # of bagsx \$12 =</li><li>LATE FEE:</li></ul>										
									any other property			(office	use only) Date	l entry	late fee will be added a due date of August 16,	
									Exhibitor Signature			Amount Paid			NO EXCEPTIONS. Late Fee \$	
			[ ] Paid in full Balance Due			NO CHECKS ACCEPTED TOTAL \$										
V/SA DISCOVER	C. William Comb		[ ] Paid	a in full — Balance Due												
Name on CC:			cc	#:		Exp.:	CVS:									
ENTRY#	CLASS	CLASS DESCRIPTION		OWNER NAME		DRIVER NAME										
(office use only)	NO.					Please also list CITY &	STATE of Driver.									
			e. 90													
			V-V	THE WAY WELL												
		1. T. 7. 7. 7														
		2.5														
	1 1															