

Name of Owner \_\_\_\_\_  
 (Please print)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ County \_\_\_\_\_

Phone \_\_\_\_\_

Email: \_\_\_\_\_



PO Box 250  
 Blackfoot, ID 83221

**DRAFT HORSE  
 HITCH  
 ENTRY FORM**

**EXHIBITOR NO.** \_\_\_\_\_

**ENTRY FEE:**  
 Hitches, per class \_\_\_\_\_ x \$10 = \_\_\_\_\_

**GATE PASSES:**  
 Exhibitor tickets, Full Week \_\_\_\_\_ x \$20 = \_\_\_\_\_

Exhibitor tickets, 1/2 Week \_\_\_\_\_ x \$10 = \_\_\_\_\_

- Exhibitor can purchase only 1 Pass
- Caretaker 3 Passes per team

**SHAVINGS:** # of bags \_\_\_\_\_ x \$12 = \_\_\_\_\_

**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 \$ \_\_\_\_\_

**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 Due \_\_\_\_\_

Exhibitor Signature \_\_\_\_\_



Name on CC: \_\_\_\_\_ CC#: \_\_\_\_\_ Exp.: \_\_\_\_\_ CVS: \_\_\_\_\_

ENTRY # (office use only)	CLASS NO.	CLASS DESCRIPTION	OWNER NAME	DRIVER NAME Please also list CITY & STATE of Driver.