				Eastern Ida	ho	IRY GOA	TC	ENTRY NO.:	(OFFICE USE ONLY	
Exhib	itor Nar	me:		OSTATE FA		TRY FOR		ENTRY FEE:	v ¢5 –	
Addre	ess:			PO Box 250 Blackfoot, ID 832	A.			How many Group Classes:	x \$5 = x \$5 = htry maximum of 4 per pen	
City: County: State: State: State: Zip: County: Phone #: Email: 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 any other property. Exhibitor Signature				□ 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. □ REGISTRATION PAPERS: MUST HAVE REGISTRATION PAPERS BY 5:00 PM ON TUES IN ORDER TO SHOW [] PAID IN FULL Amount Paid CASH [] or CREDIT CARD []				Exhibitor Full Week Pass: x \$25 = Exhibitor 1/2 Week Pass: x \$15 = • Exhibitor can purchase only 1 Pass • Caretaker 1 Pass per 4 animals entered SHAVINGS: # of bags: x \$12 = LATE FEE: A \$10 late fee will be added after the entry due date of Friday, August 15, 2025. NO EXCEPTIONS. Late Fee: (NO CHECKS ACCEPTED) TOTAL =		
	DISCON							(TOTAL	
NAME	ON CC	:		CC#:				Exp. Date:	CVS:	
NO.	DIV.	CLASS	NAME OF ANIMA	AL	REGISTRY#	BIRTH DATE	BREED	NAME OF BREEDER	NAME OF OWNER	
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NO.	DIV.	CLASS	NAME OF ANIMAL	REGISTRY #	BIRTH DATE	BREED	NAME OF BREEDER	NAME OF OWNER
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