Name of Owner		Eastern Idaho DRAFT HORSE	EXHIBITOR NO
(Please print)		STATE FAIR	ENTRY FEE:
Address		PO Box 250 Blackfoot, ID 83221	Hitches, per classx \$10 =
	State	□ W-9 FORM: ALL LIVESTOCK EXHIBITORS MUST	GATE PASSES:
ZipCounty		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.	Exhibitor tickets, Full Weekx \$25 =
			Exhibitor tickets, 1/2 Week x \$15=
			Exhibitor can purchase only 1 Pass
			Caretaker 3 Passes per team LATE FEE: A \$10 late fee will be added after the
		(office use only) Date	entry due date of August 15, 2025 NO EXCEPTIONS. Late Fee \$
Exhibitor Signature		Amount Paid	·
VISA DISCOVER		[] Paid in full Balance Due	NO CHECKS ACCEPTED TOTAL \$
Name on CC:		CC# :	Exp.:CVS:
	ASS CLASS DESCRIPTION IO.	OWNER NAME	DRIVER NAME Please also list CITY & STATE of Driver.
		THE WAY WAY	