							Exhibitor #(office use only)	
Name of Owner_ PLEASE PRINT (SAME NAME	AS REGISTRATION PAPERS & W9)	1635	tern la	ลีหิล		/ FEE:	, ,,	
County_	· 		TEE	477	H	ow many Classes	x \$20 =	
		951	PO Box 250		Le	ead Line Class	x \$10 =	
		Blac	kfoot, ID 83221	4/4	LATE	ENTRY FEE: (after 08)	28/2025)	
					Н	ow many Classes	x \$30=	
		OPEN	I CLAS	SES			TOTAL =	
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. I hereby release the E.I.S.F. from any liabilities for loss, damage or injury to any person, any livestock or any other property. Exhibitor Signature		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	
VISA DISCOVER								
Name on CC:	CC#_			Exp. Date:		CVS:		
PD CLASS NO.	NAME OF HORSE	SEX G/M/S	YOUTH BIRTH DATE	RIDE	R / HAND	LER & ADDRESS	ENTRY: (Office On	

PD	CLASS NO.	NAME OF HORSE	SEX G/M/S	YOUTH BIRTH DATE	RIDER / HANDLER & ADDRESS	ENTRY # (Office Only)
	One Entry P	er Line			Name City/State	
			100		Name City/State	
		3)			Name City/State	
			N		Name City/State	
					Name City/State	
					Name City/State	