Name of Owner_____
(Please print)

Address_____

City_____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

Eastern Idaho STATE FAIR
PO Box 250
Blackfoot, ID 83221

DRAFT HORSE HITCH ENTRY FORM

☐ **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 NO._____

ENTRY FEE:
Hitches, per class _____ x $10 =_____

GATE PASSES:
Exhibitor Full Week Pass _____x $25 =_____

Exhibitor 1/2 Week Pass _____ x $15=_____

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

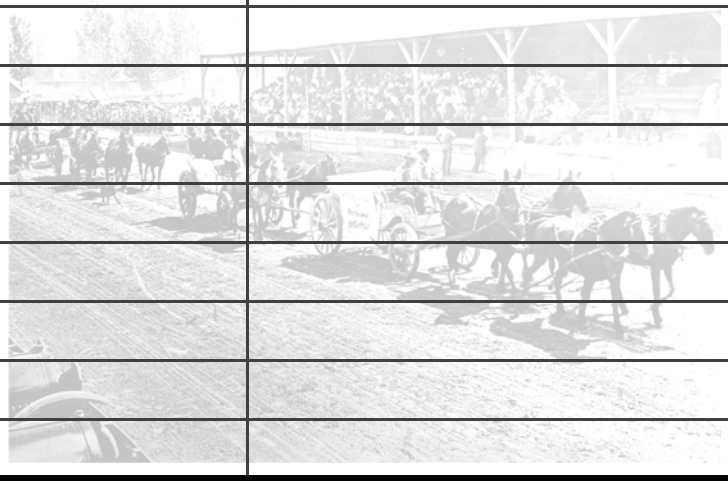
LATE FEE:
A $10 late fee will be added after the entry due date of August 21, 2026

NO EXCEPTIONS. Late Fee $_____

NO CHECKS ACCEPTED TOTAL $_____

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.



P.O. BOX 250, BLACKFOOT, ID 83221, www.funatthefair.com (208)-785-2480 ~ FAX (208)-785-2483, Email Entries to: entries@funatthefair.com
All Hitch Horse Entries must be made on this form. A separate entry form is required for each Exhibitor. This form may be photocopied.