Exhibitors Name_____
(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. I hereby cerfity by signing below that I release the E.I.S.F. from any liabilities for loss, damage and/or injury to any person, livestock or any other property associated with said entry.

_____
Exhibitor Signature

Eastern Idaho STATE FAIR
PO Box 250
Blackfoot, ID 83221

JR. DRAFT SHOWMANSHIP COMPETITION

☐ **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.

EXHIBITOR NO._____

ENTRY FEE:

NO ENTRY FEES FOR HALTER CLASSES.

BELT BUCKLE AWARDED IN BOTH BRAIDED AND UNBRAIDED CLASSES.

NO PREMIUMS PAID FOR HALTER CLASSES.

ALL YOUTH MUST BE 18 YEARS OLD OR UNDER AS OF AUGUST 1, 2026 IN ORDER TO COMPETE.

DUE DATE IS AUGUST 21, 2026 to LIVESTOCK OFFICE.

DEPT	DIV.	BREED	NAME OF ANIMAL	REGISTRY #	HORSE BIRTH DATE	SEX	HANDLER AGE	NAME & ADDRESS OF HANDLER

All Draft Horse Entries must be made on this form. A separate entry form is required for each Exhibitor. This form may be photocopied.