

Exhibitors Name _____
 (Please Print)
 Registration No. _____
 Address _____
 City _____ State _____
 Zip _____ County _____
 Phone # _____
 Email: _____



MINIATURE HORSE & PONY ENTRY FORM

EXHIBITOR/HORSE NO. _____

ENTRY FEE:
 How many Classes _____ x \$10 = _____

GATE PASSES
 Exhibitor Full Week Pass _____ x \$25 = _____
 Exhibitor 1/2 Week Pass _____ x \$15 = _____
 • Exhibitor can purchase only one pass
 • Caretaker 1 Pass per three animals entered

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 = _____

STALLS: Number requested (max. 5)
 1ST HALF WEEK 2ND HALF WEEK FULL WEEK

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 CURRENT CERTIFICATE OF VETERINARY INSPECTION TO ENTER THE FAIR GROUNDS. A COPY MUST BE FILED AT THE LIVESTOCK OFFICE FOR THE ON SITE FAIR VETERINARIAN.

(office use only) Date _____
 Amount Paid _____
 Paid in full Balance _____
 [] CASH [] CREDIT CARD [] OTHER _____

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, livestock or any other property.

Exhibitor Signature _____

Name ON CC : _____ CC# _____ Exp. Date: _____ CVS #: _____

DEPT	DIV	CLASS NO.	CLASS NAME	NAME OF ANIMAL	DATE OF BIRTH	SEX	HANDLER NAME	ENTRY # (office use only)
M	II	75	Pony Team Draft Harness	EXAMPLE1	01/01/2000	F	John Doe	office use only

PLEASE COMPLETE ONE ENTRY FORM PER HORSE