

EXHIBITOR # \_\_\_\_\_

Make Checks payable to:  
El Dorado County Fair  
PO Box 1537, Placerville, CA 95667

For More information: 530-621-5860

RELEASE FORMS MUST BE SIGNED PRIOR TO SHOWING!

Please Print or Type

Exhibitor's Name: \_\_\_\_\_ Email address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Age and Birth date of Exhibitor: \_\_\_\_\_

Note: All information must be completed before entry can be received. By signing and submitting an entry form, the exhibitors and their agents, parents & leaders acknowledge and agree that they: a. understand & have read the State Rules; b. Agree to abide by them; c. certify that all information on the entry form is true and accurate; and d. agree to comply with fair's decision regarding any alleged violation of the state or local rules. EXHIBITOR MUST COMPLETE AND SIGN WAIVER FORM AVAILABLE AT CHECK IN.

Class #	Name of Exhibitor	Name of Horse	Entry Fee

Entry Fees: \_\_\_\_\_ (44200)

Drug fees (\$5 per horse): \_\_\_\_\_ (21203)

Drug Fees \$5 per horse on grounds

Fees pd. \_\_\_\_\_ Receipt # \_\_\_\_\_ Date \_\_\_\_\_ Initials \_\_\_\_\_

Total: \_\_\_\_\_