HORSE SHOW ENTRY FORM - PLEASE TYPE OR PRINT

EL DORADO COUNTY FAIR 530-621-5860
100 Placerville Drive, Placerville, CA 95667

Exhibitor's Name _____ Birth-date of Exhibitor _____

Email _____ Phone Number _____

Mailing Address _____ City _____ Zip _____

Note: All information must be completed before entry can be received. By 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 No.	NAME OF EXHIBITOR	NAME OF HORSE	ENTRY FEE

Make checks payable to EDCF

Total Entry Fees $ _____

Drug Fees ($5 per Horse) $ _____

TOTAL PAID **$** _____

Fair Use Only

Date _____ / _____ / _____ **Payment Type (circle)** Cash Check Card Online

Receipt No. _____ **Initials** _____