

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

Fair Use Only

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Payment Type (circle) Cash Check Card Online

Receipt No. \_\_\_\_\_

Initials \_\_\_\_\_

Make checks payable to EDCF

Total Entry Fees

Drug Fees (\$8 per Horse)

TOTAL PAID

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_