

# HORSE SHOW ENTRY FORM

Form May be Photocopied

# AMADOR COUNTY HORSE SHOW/AMADOR COUNTY FAIR

26th District Agricultural Association  
P.O. Box 9, Plymouth, CA 95669 // 209/245-6921

PLEASE TYPE OR PRINT CLEARLY

Name of Exhibitor and/or Legal Owner \_\_\_\_\_ Telephone \_\_\_\_\_ Date of Birth     /     /     Age    

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_

Please accept these entries subject to the Rules and Regulations published in the Amador County Fair Premium Book. I understand that my entries will not be accepted until the Release & Waiver on the reverse have been signed. In the case of team events, I certify that all team members are residents or producers qualified under the Rules & Regulations of the Amador County Fair and understand that each participant must sign a Release & Waiver. I further understand that all entries are subject to the CDFA Equine Medication Monitoring Program.

Date \_\_\_\_\_ Signature of Owner/Agent \_\_\_\_\_ Signature of Parent or Guardian (if Exhibitor under 18) \_\_\_\_\_

I certify that these entries are the project of the exhibitor and is eligible to be shown in accordance with the rules of the Amador County Fair and the State of California.

Chapter/Club/Independent \_\_\_\_\_ Signature of Leader, Instructor or Parent of Independent \_\_\_\_\_ Member of CHSRA Region IV? \_\_\_\_\_

Were you entered in the Fair last year?... Yes? ( ) No? ( ) Check here if your address has changed ( ) Member of CHSRA Region III? \_\_\_\_\_

CONSULT PREMIUM BOOK FOR CLASS NUMBERS, ENTRY FEES, ENTRY CLOSING & JUDGING DATES

PLEASE CHECK ONE ( ) 4-H/Grange ( ) FFA/Grange ( ) Independent ( ) Open

Fair Use Only	Entry No.	Class No.	Name(s) of Rider(s) (List riders name only!!!)	Name of Horse(s) (Attach a copy of horse registration information to entry if necessary)	Entry Fees	Fair Use Only
	1					
	2					
	3					
	4					
	5					
	6					
	7					
	8					

Fair Use Only	MISC.INFORMATION _____		ENTRY FEES	\$ _____
	Date Paid _____	STALL = \$10 per day or \$50.00 for duration per horse. # of HORSES _____	DRUG FEES (\$5 per horse) x _____ horses	\$ _____
Receipt No. _____	Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____	Exhibitor's Entry Schedule must match stall rental. Stalls for horses only.	STALL FEES	\$ _____
Exhibitor No. _____	No Camping In Stalls. Tack Stall if Available.		POST ENTRY FEES	\$ _____
Passes Sent _____			PASSES	\$ _____
18 & Over Exhibitor's 4-day PASS = \$25 OR \$8 PER DAY / Thurs _____ Fri _____ Sat _____ Sun _____			TOTAL ENTRY FEES	\$ _____
Jr. Exhibitor's 4-day PASS = \$15 OR \$4 PER DAY / Thurs _____ Fri _____ Sat _____ Sun _____				
Horse Trailer & Pull Vehicle = \$10 per day / Thurs _____ Fri _____ Sat _____ Sun _____				