

**One Entry Blank
Per Horse
One line per handler**

**ILLINOIS STATE FAIR
CHAMPIONSHIP MINIATURE HORSE SHOW
DEADLINE: POSTMARKED JULY 10
MAKE CHECKS PAYABLE TO: ILLINOIS STATE FAIR
NO REFUNDS**

**MAIL ENTRIES TO: ILLINOIS STATE FAIR
COMPETITIVE EVENTS OFFICE
P. O. Box 19427
Springfield, IL 62794-9427
Phone: 217/782-0786**

For office use only	Name of Horse Class Number	Reg. No.	Year Foaled	Sex	Height	Total Entrance Fees	Owner's Name and Address (As it appears on Registration Paper)	Owner's AMHR MEM. #	One Handler/line	Handler MEM. #	Relationship TO OWNER

I hereby certify that every horse, rider and/or handler is eligible as entered and agree for myself and representative to be bound by the constitution and rules of the ASPCA/AMHR, and this show. Premium check to be made payable to:

Name _____

Address _____

City _____ State _____ Zip _____

SS# _____

Owner or Owner's Agent Signature _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Date _____

Email _____

PHOTOCOPIES OF REGISTRATION PAPERS, COGGINS/HEALTH PAPERS AND OPEN AMATEUR OR YOUTH CARDS MUST ACCOMPANY ENTRIES!

CONDITION OF ENTRY

By signing this form, I certify that I have read the contents of the Premium Book, including the section entitled Ethical Care and Exhibiting of Animals, and that I will abide by all applicable rules and guidelines contained therein, including specific rules relating to the administration of drugs to animals, as well as all other rules relating to the Illinois State Fair and the laws and regulations of the State of Illinois.

Signed _____ Date _____
Parent and/or Guardian

Signed _____ Date _____
Exhibitor

_____ Stalls (@ \$15.00 each) \$ _____
Stall required for each horse

_____ Entry Fees(\$15.00 per horse) \$ _____
(unlimited classes per horse)

_____ Admission Passbook (13-59) (@ \$45.00 each) \$ _____

_____ Auto Sticker (@ \$40.00 each) \$ _____

ID # _____

Receipt # _____

Total \$ _____

Taxpayer Identification or Social Security Number. This information is used by Department to verify Exhibitor's identity and/or to submit payment to the Comptroller's Office. Exhibitor certifies that the number listed is Exhibitor's correct taxpayer identification or Social Security Number. **IMPORTANT NOTICE:** This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under 20 ILCS 210/1-13. Failure to provide this information shall prevent this form from being processed. This form has been approved by the State Forms Management Center in accordance with the Americans With Disabilities Act any attendee requiring a reasonable accommodation should notify us of their needs by August 1.

