

**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

**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

I hereby certify that everyhorse, 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 \_\_\_\_\_

ENTRY BLANK MUST BE SIGNED SS# \_\_\_\_\_

**IMPORTANT NOTICE:** This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under 20 ILCS 210. Failure to provide this information shall prevent this form from being processed. This form has been approved by the State Forms Management Center. IL406-0493a (Rev.4-16)

Owner or Owner's Agent Signature \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Date \_\_\_\_\_

Email \_\_\_\_\_

**PHOTOCOPIES OF REGISTRATION PAPERS MUST ACCOMPANY ENTRIES!  
PHOTOCOPIES OF COGGINS/HEALTH PAPERS MUST ACCOMPANY ENTRIES.  
PHOTOCOPIES OF OPEN AMATEUR OR YOUTH; CARDS MUST ACCOMPANY**

\_\_\_\_\_ 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) \$ \_\_\_\_\_

Receipt # \_\_\_\_\_ (office use only) Total \$ \_\_\_\_\_

ID # \_\_\_\_\_

