ILLINOIS STATE FAIR

Western Horse Show ENTRY BLANK

MAIL ENTRIES TO: ILLINOIS STATE FAIR, WESTERN HORSE SHOW, P.O. BOX 19427, SPRINGFIELD, ILLINOIS 62794-9427

STALLS	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 AQHA, APHC, APHA, NRHA, NBHA, CMSA & THIS SHOW. PREMIUM CHECK TO BE MADE PAYABLE TO:				
RECEIPT #	NAME SS# OR FEIN#				
	ADDRESS				
MAKE CHECKS PAYABLE TO: ILLINOIS DEPARTMENT OF AGRICULTURE	CITY STATE ZIP CODE				
» PLEASE WRITE SEPARATE CHECKS FOR THE FOLLOWING «					
ASSOCIATION FEES (APHA)	EMAIL ADDRESS				
• COMPUTER FEE	TELEPHONE DATE				
ASSOCIATION FEES (AQHA) • DRUG FEE					
ASSOCIATION FEES (APPALOOSA) • POINT FEES	BY SIGNING THIS FORM, I CERTIFY THAT I HAVE READ THE CONTENTS OF THE PREMIUM BOOK 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				
	SIGNED DATE				
STALL REQUESTS:	PARENT AND/OR GUARDIAN				

ILLINOIS STATE FAIR CHAMPIONSHIP WESTERN HORSE SHOW

FOR OF USE (BACK#	FFICIAL ONLY ID#		NAME O CLASS I	F HORSE NUMBER		REGISTRY #	YEAR FOALED	SEX	COLOR	TOTAL ENTRANCE FEES	OWNER'S NAME & ADDRESS (AS IT APPEARS ON REGISTRATION PAPER)	OWNER'S MEM. #	RIDER/HANDLER	RIDER/HANDLER MEM. #	RELATIONSHIP TO OWNER
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