Horse Entry Form

Inter-Mountain Fair

PO Box 10, McArthur CA 96056

(530) 336-5695 Fax (530) 336-6845

www.inter-mountainfair.com

DUE AUGUST 7TH 2009

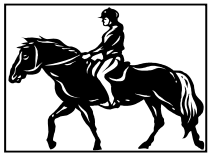
Exhibitor/ Rider Name _____ Owner of Horse Name _____

Exhibitor / Rider Mailing Address _____ City _____ State _____ Zip _____

Birth Date _____ ( ) Exhibitor Phone Number _____

☐ Jr ☐ Open *Check appropriate box*

☐ *Check Box to donate premiums back to fair*



Leave Blank Entry #	Division	Class	Description of Entry (name of animal)	Registration #	Birth Date	Sex	Breed	Entry Fee
								.00
								.00

Upon Signature and submittal of entry form, exhibitors and their agents, parents and leaders acknowledge that they: 1) understand the State Rules for California Fair and local rules as printed in the exhibitor's handbook, 2) agree to abide by them, 3) certify that all information on entry form is true and correct, 4) agree to comply with the fair's decision regarding any violation of the rules and 5) agrees to soley reponsible for any loss, injury or damage done to or arising from proceeding in regard there - to. The Inter - Mountain Fair of Shasta County and its officers will in no case be responsible in any way for any loss, damage or injury to any property while the same is on the fairgrounds.

Total Entry Fees _____

Drug Fee $5.00 per Horse # of Horses _____ x $5.00 _____

Stall Fee $15 per stall # of Stalls _____ x $15.00 _____

Total Fees _____

Exhibitor Signature _____ Parent Signature _____

Owner of Horse Signature _____ Project Leader / Advisor Signature _____

Date Received

Paid: