BOONE COUNTY FAIR DRAFT HORSE SHOW

Belvidere, Illinois

DEPT. C ONLY

Make checks payable to the **Boone County Fair**
Group classes are counted as entries. Use one line per group on form.

Exhibitor's Name _____ Date _____

Address _____ Telephone _____

City_____State_____ Zip_____❑ Check if New Address

SS#_____
Required by State

Exhibitors please see catalog for fees, stall/pen rent.

ADMINISTRATION FEE @ $5.00 Per Dept. $_____5.00

Number of Animals Entered:_____

List number of stalls needed:

#_____Double Tack Stall @ $15.00 = $_____

#_____Draft Horse Tie Stall @ $7.50 = $_____

#_____Draft Horse Box Stall @ $15.00 = $_____

TOTAL ENTRY FEES (from entries below) $_____

EXHIBITOR'S TICKETS ($20.00) (Max. 2) #____ = $_____

SEASON TICKETS ($25.00) #____ = $_____

TOTAL AMOUNT ENCLOSED $_____

EXHIBITOR'S NUMBER

❑ CASH ❑ CHECK–CK#_____

Mail to: Susan Banks, P.O. Box 97, Belvidere, IL 61008 815-871-1060

Make checks payable to: Boone County Fair Association

PREM. NO.	BREED	HORSE'S NAME HORSE'S REGISTRATION #	SEX (S / M / G)	YEAR FOALED	DRIVER OR EXHIBITOR	ENTRY FEE
		#_____				
		#_____				
		#_____				
		#_____				
		#_____				
		#_____				
		#_____				
		#_____				
		#_____				
		#_____				
		#_____				

I have read and understand, and in consideration for being permitted to exhibit at this event, agree and consent to abide by the rules of competition, including the IAFE (International Association of Fairs and Expositions) National Code of Show Ring Ethics as stated in the premium list of this event.

If you need more space use back of this sheet or use 8-1/2 x 11" plain paper and attach

TOTAL ENTRY FEES _____

ANIMALS WILL NOT BE RELEASED UNTIL 4 P.M. SUNDAY

PREM. NO.	BREED	HORSE'S NAME HORSE'S REGISTRATION #	SEX (S / M / G)	YEAR FOALED	DRIVER OR EXHIBITOR	ENTRY FEE
		 #				
		 #				
		 #				