

Office Use-LAST NAME

Eastern Idaho State Fair Grounds – Blackfoot, ID

Office Use

June 6th & 7th ~ August 1st & 2nd

Saturday Sunday

| Office Use Only | OPEN ENTRIES BELOW | | | | | | | | Name of Horse | Reg # | Sex | DOB | Owner | Exhibitor | Entry Fees |
|-----------------|--|--|--|--|--|--|--|--|---------------|-------|-----|-----|-------|-----------|------------|
| | | | | | | | | | | | | | | | |
| | AMATEUR ENTRIES BELOW | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | NOVICE AMATEUR ENTRIES BELOW | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | YOUTH ENTRIES BELOW THIS LINE | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | LEADLINE & WALK TROT ENTRIES BELOW THIS LINE | | | | | | | | | | | | | | |
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I hereby release EIPHC from any claims of any kind, any injury, loss or damages which may be suffered by me. I assume full responsibility for any risk, danger, injury, or damage which may occur.

Signature: _____

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Signature: _____

(parent or guardian of youth)

APHA Youth# _____ DOB _____

Relationship

To owner _____

OPEN Handler APHA # _____

AMATEUR APHA # _____

Relationship

To owner _____

TOTAL \$ _____

Make checks payable to: EIPHC

Pre Entries: By 9:00 am day before show
Late Fees will apply if entries are not received by this time!
Debbie Bartholomew
 570 N 220 E
 Preston, ID 83263
Phone & Fax 208-852-1698
e-mail: debbieshows@aol.com

Indicate # of Stalls Here

Name _____

Stalls _____

Tack Stalls _____

Extra Shavings _____ per stall

RV Parking _____

Arrival Date & Time _____