EXHIBITOR #_____

Make Checks payable to:
El Dorado County Fair
PO Box 1537, Placerville, CA 95667

For More information: 530-621-5860

RELEASE FORMS MUST BE SIGNED PRIOR TO SHOWING!

Please Print or Type:
Exhibitor's Name:_____Email address:_____

Mailing Address:_____City/State:_____Zip:_____

Phone:_____ Age and Birth date of Exhibitor:_____

Note: All information must be completed before entry can be received. By signing and submitting an entry form, the exhibitors and their agents, parents & leaders acknowledge and agree that they: a. understand & have read the State Rules; b. Agree to abide by them; c. certify that all information on the entry form is true and accurate; and d. agree to comply with fair's decision regarding any alleged violation of the state or local rules. EXHIBITOR MUST COMPLETE AND SIGN WAIVER FORM AVAILABLE AT CHECK IN.

Class #	Name of Exhibitor	Name of Horse	Entry Fee

Entry Fees:_____(

Drug Fees $5 per horse on grounds **Drug fees ($5 per horse):_____ (21203)**

Fees pd. _____ Receipt #_____ Date_____ Initials_____ **Total: _____**