ENTRY FORM OPEN SCHOOLING

PLEASE TYPE OR PRINT

EL DORADO FAIRGROUNDS
P.O. Box1537, Placerville, CA 95667
530-621-5860

Exhibitor's Name | E-mail | Age and Birthdate of Exhibitor

Mailing Address | City | Zip | Phone

Credit Card Number | Exp. Date | Name on Card | Addres of Card Holder

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.. Make checks payable to: El Dorado Fairgrounds.

CLASS#	NAME OF EXHIBITOR	NAME OF HORSE	ENTRY FEE

Fees Paid _____

Date _____

Receipt# _____

Initials _____

Entry Fees - 44200 $_____

Drug Fees ($5 per horse on grounds) - 21203 $_____

TOTAL PAID $_____