ILLINOIS STATE FAIR CHAMPIONSHIP WESTERN HORSE SHOW

Mail Entries To:

Illinois State Fair, Western Horse Show, P.O. Box 19427, Springfield, Illinois 62794-9427

For office use only Back #	ID #	Name of Horse Class Number	Reg. No.	Year Foaled	Sex	Color	Total EntranceFees	Owner's Nane and Address (As it appears on Registration Paper)	Owner's Mem.#	Rider/Handler	Rider/Handler Mem.#	Relationship To Owner

COPIES OF REGISTRATION PAPERS MUST ACCOMPANY PAINT, APPALOOSA, AQHA AND ALL LAND OF LINCOLN ENTRIES!
COPIES OF AMATEUR OR YOUTH; CARDS MUST ACCOMPANY ALL AMATEUR OR YOUTH ENTRIES.

_____ **Stalls .....($20.00 each) $** _____
Stall required for each horse except Roping

_____ **Tack Stalls .....($20.00 each) $** _____

Entry Fees ..... $ _____

Office Fees .....($5.00 per horse) $ _____

Receipt # _____ **(office use only) Total Enclosed $** _____

Make Check Payable to: Illinois Department of Agriculture

Added money fees (APHA or AQHA)..... $ _____
Appaloosas pay in office on arrival
(SEPARATE CHECKS)

CONDITION OF ENTRY

By signing this form, I certify that I have received and read the contents of the Premium Book and that I will abide by all applicable rules contained therein, including rules relating to the administration of drugs to animals, and all other rules relating to the Illinois State Fair and the laws and regulations of the State of Illinois.

SIGNED_____ Date_____
Exhibitor

SIGNED_____ Date_____
Parent and/or Guardian

_____
Owner or Owner's Agent Signature

_____
Address

_____
City **State** **Zip Code**

_____
Telephone **Date**

Premise ID# _____

Voluntary

I hereby certify that everyhorse, rider and/or handler is eligible as entered and agree for myself and representative to be bound by the constitution and rules of the AQHA, ApHC, APHA, U.S.T.R.C., NCHA, NRHA, and this show.

PREMIUM CHECK TO BE MADE PAYABLE TO:

_____

Name **SS# or FEIN #**

ENTRY BLANK MUST BE SIGNED **Entry Deadline: July 1st**

IMPORTANT NOTICE: This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under 20 ILCS 210. Failure to provide this information shall prevent this form from being processed. This form has been approved by the State Forms Management Center. **IL406-0493 (Rev. 4-09)**