

OWNER _____	2017 OHIO STATE FAIR DRAFT HORSE SHOW July 31- Aug. 4, 2017		Circle Breed you are entering	
STREET ADDRESS _____	Deadline July 1, 2017		Percheron     Belgian	
CITY _____ STATE _____	Premiums will go to the owner listed		D Pony     Clydesdale	
ZIP _____ Youth Birth date: _____	One Owner Per Entry Blank		Haflinger     Shire	
PHONE# _____	If joint owner premiums can only		Office: 614-644-4035	
SS # _____	be paid to one.		Office Fax: 614-644-4003	
			Email _____	

OFFICE	Classes-	Halter/Single cart/Saddle/Showmanship need a horse name & # to enter									
Use Only	Class #				Entry Fee	HORSES NAME		DESCRIPTION	Sire of Foal	Dam of Foal	HANDLER / DRIVER / RIDER
								REG #			
								SEX: M S G / Yr Foaled			
								REG #			
								SEX: M S G / Yr Foaled			
								REG #			
								SEX: M S G / Yr Foaled			
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								SEX: M S G / Yr Foaled			
								REG #			
								SEX: M S G / Yr Foaled			
<b>HITCH CLASSES : CAN BE UNDER FARM NAME FOR MULTIPLE HITCH CLASSES</b>											
CLASS #		DRIVER	Fee\$	CLASS #		DRIVER	Fee\$	CLASS #		DRIVER	Fee\$
	Youth Team				Ohio Team				Four		
	Team				Tandem				Six		
	Team				Bukeye Team				Governor's Cup		
	Sr Driving				Unicorn						

***ONLY 1 Parking Pass PER Owner !!!			Total Entry Fees		\$ _____	FOR OFFICE USE ONLY					
STALLS (one Per Horse)			\$40.00	\$ _____	\$ _____	Check #	I understand that by signing this entry blank I accept				
TACK STALLS			\$60.00	\$ _____	\$ _____	Date Rec'd	and will follow all rules and regulations of the				
ENTRY	SINGLE	ADMISSION	\$6.00	\$ _____	\$ _____	W9 Rec'd	Ohio State Fair Horse Show. I further understand that				
TICKETS	6	ADMISSIONS	\$28.00	\$ _____	\$ _____	Over	equine activities have an apparent risk and I accept				
	12	ADMISSIONS	\$50.00	\$ _____	\$ _____	Under	that risk for myself and/or the minor child I am signing				
PARKING PASSES	3 DAY	***	\$30.00	\$ _____	\$ _____	Cards/Papers	for any any others associated with these entries.				
(3 OR 6 NOT BOTH)	6 DAY	***	\$50.00	\$ _____	\$ _____	Park Ticket #	X	HANDLER/DRIVER/RIDER SIGNATURE OWNER			
*** Additional parking***			\$75.00	\$ _____	\$ _____	Entry Ticket #	X	PARENT OR GUARDIAN SIGNING FOR MINOR CHILD			
			\$ _____	\$ _____	\$ _____	Stall Copy	X	FOR MINOR			
Arrival Date				\$ _____	\$ _____	Stall Copy		CHILD'S NAME _____			
Departure Date				\$ _____	\$ _____	Entry Copy		CHILD'S AGE _____, BIRTH DATE _____			
Stable With				\$ _____	\$ _____	Acknowledge letter		PARENT OR GUARDIAN _____			