

# MINNESOTA STATE FAIR ~ AUG. 27 - SEPT. 7, 2009

## WESTERN HORSE ENTRY FORM *(one form per horse)*

**OFFICE USE ONLY - DO NOT WRITE IN THIS BOX**

Exhibitor number	Control number
Horse number	<input type="checkbox"/> <i>W-9 on file</i>

I hereby certify that every horse and rider is eligible as entered and agree to be subject to the Minnesota State Fair rules and regulations as listed in the premium book, and all applicable provisions of the Minnesota Statute 37. I further agree to hold the Minnesota State Fair, its Horse Show and any other affiliated organizations harmless for any and all damages sustained for any reason whatsoever, and agree to be responsible for any and all damages that may occur to be caused by any animal or vehicle exhibited or owned by me.

**Entries close**  
**MONDAY JULY 27**  
**Entries must be postmarked**  
**entry closing date**  
**(no postal meters)**  
 checks payable to Minnesota State Fair

**COMPETITION - HORSES**  
**MINNESOTA STATE FAIR**  
 1265 SNELLING AVE. N.  
 ST. PAUL, MN 55108  
**651-288-4417**

*Monday - Friday,*  
*8:00 a.m. - 4:30 p.m.*

Additional entry forms and premium books may be downloaded from the Minnesota State Fair Web site, [www.mnstatefair.org](http://www.mnstatefair.org)

**PLEASE NOTE!** A completed W-9 form must be submitted with EACH exhibitor entry. Include a current copy of the Coggins test for each horse.

**EXHIBITORS CANCELING ENTRIES AFTER THE OFFICIAL DATE FOR THE CLOSING OF ENTRIES WITHOUT A VETERINARIAN CERTIFICATE SHALL FORFEIT THEIR ENTRY & STABLING FEES.**

Name of Horse		
Registration #	Foaling date	
Color	Breed	
Height	Sex	
Owner		
Owner APHA #	Owner AQHA #	
Owner Address		
City	State	Zip
Phone <i>(include area code)</i>		
E-mail		

Rider 1 or 2	Class #	Entry Fee
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
APHA drug fee (per horse) <i>APHA classes ONLY</i>		\$ 6.00
AQHA drug fee (per horse) <i>AQHA classes ONLY</i>		\$ 6.00
<b>Grand Total</b>		\$

By entering this show, I agree to exhibit the above horse in accordance to all AQHA rules and regulations, and hereby release this show, the facilities, employees, agents and/or sponsors from any liability or claims, for any reason, due to accident, theft, or death to myself, agents, employees; equipment or animals.

RIDER 1 ~ Name		
Address		
City	State	Zip
APHA/AQHA ID #	Exp. date	Amateur #
Youth/Amateur relationship to owner		Youth/Amateur DOB
Phone <i>(include area code)</i>		
Signature		
RIDER 2 ~ Name		
Address		
City	State	Zip
APHA/AQHA ID #	Exp. date	Amateur #
Youth/Amateur relationship to owner		Youth/Amateur DOB
Phone <i>(include area code)</i>		
Signature		
Owner signature <i>(must be adult)</i>		
Trainer signature <i>(if applicable)</i>		
Parent or Guardian signature <i>(if under 18 years of age)</i>		

OFFICE USE ONLY - LAST

FIRST

EX #