

HORSE

In County

Out of County

PHOTOCOPY FORM AS NEEDED

Printed Name of Exhibitor _____

Date _____

Written Signature of Exhibitor (In the case of minors, parents must sign at the bottom) _____

Exhibitors Mailing Address _____

City _____

State _____

Zip _____

Daytime Phone Number _____

email address _____

ENTRY FORM

DUE BY: APRIL 12, 2019

Make all checks payable and mail to:

Sacramento County Fair

P.O. Box 15028

Sacramento, CA 95851-0028

Phone: 916-263-2975

Faxed entry forms will not be accepted!

Horse Entry		From Handbook		COMPLETE THIS SECTION FOR HORSE ENTRIES ONLY (if applicable)					
Name of Horse	Division #	Class #	Entry Fee	Sex	Birth Date	Breed	Registration #	Sire Reg #	Dam Reg #
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
The exhibitor, by signature above (or junior's legal guardian's signature below right) or by filling out this entry agrees to defend, indemnify & hold harmless the fair, the county & the State of California from & against any liability, claim, loss or expense (including reasonable attorneys' fees) arising out of any injury or damage, which is caused by, arises from or is in any way connected with participation in the program or event, excepting only that caused by the sole active negligence of the Fair. The Fair Management shall not be responsible for accidents or losses that may occur to any of the exhibitors or exhibits at the Fair. The exhibitor (or parent or guardian of a minor) is responsible for any injury or damage resulting from the exhibitor's participation in the program or event. This includes any injury to others or to the exhibitor or to the exhibitor's property. I have read, understand & agree to abide by all the rules and regulations governing the fair entries as published in the official Exhibitor Handbook.	Total Entry Fees:			<p>This section MUST be completed by all Junior Exhibitors or your Entry Form will not be accepted!</p> Chapter/Club: _____ Leader's Name: _____ The undersigned states that he/she is the recognized supervisor of the project above; that the statements regarding the same are true; that he/she has read and has full understanding of the rules governing the same and agrees to be governed by them. Signed: X _____ Signature of Instructor, Leader or FFA Advisor _____ Date _____ Signed: X _____ Signature of Parent or Legal Guardian _____ Date _____ _____ Juniors Birth Date _____ Grade _____ Age _____ <p>**By entering online your signature is implied.** *One horse/rider combination per entry*</p>					
	Office Fee:Per Exhibitor (\$ 5 online, \$10 mailed/hand delivered)	\$10.00							
	Stall Fees: ___ #: \$40/stall								
	Drug Fees: ___ #: \$5/horse								
	Horse Insurance Fee: Mandatory Fee PER Horse Exhibitor	\$20.00							
	Parking: ___# Day Pass: \$6/day ___# Season Pass: \$30								
	___# Entry Season Pass: \$20/person(required by each person entering fair, except exhibitor) under 12 enter free								
	Carnival Wristband \$29.50 (Livestock Exhibitor only)	\$29.50							
	Fair Donations								
	Total:								

****All livestock exhibitors (equine) must pay a \$20.00, per exhibitor, horse insurance fee.**