

ONE ENTRY SHEET PER HANDLER & HORSE

ENTRY NUMBER _____

DIVISION I OPEN HORSE SHOW

**All Oregon Inherent Risk Laws Apply

Owner or Agent's Signature _____

Owner's Name (print) _____

City _____ State _____ Zip _____

SEND ENTRIES TO: JOSEPHINE COUNTY FAIR, P.O.BOX 672, GRANTS PASS OR 97528
ONE PERSON PER ENTRY SHEET

CLASS NUMBERS	NAME OF ANIMAL	HANDLER	OWNER	ENTRY FEE
SUB-TOTAL				
RESERVE _____ STALLS @ \$5.00 PER NIGHT FOR _____ NIGHT/S				
TOTAL PAID				

Josephine County Fair Board will not be responsible for any accident of loss that may occur to any exhibitor, his agent, horse or his equipment. I hereby certify that every horse is eligible as entered. I make these entries at my own risk and subject to the rules of this show and agree to be bound thereby **.

Signature _____ Date _____

I hereby consent to the entry of my child in this show. I certify that _____ age _____, is under age 18 years, and that I have read and accepted the responsibility closure of this form.

Signature of Parent or Guardian _____ Date _____