

For office use only

Exhibitor name

Control #

Entry #

Do not write in this space

W-9 on file

Breed: _____

MINNESOTA STATE FAIR • AUGUST 24 – SEPTEMBER 4, 2023

DRAFT HORSE ENTRY FORM

651-288-4417 Monday – Friday 8 a.m. – 4:30 p.m.

I hereby certify that every horse and driver is eligible as entered and agree to be subject to the Minnesota State Fair rules and regulations as listed in the premium list and all applicable provisions of the MN 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 my animal or vehicle exhibited or owned by me.

Mail-In Entries close: July 24

Mail entry and fees to
Horse Dept.
Minnesota State Fair
1265 Snelling Ave N
St Paul, MN 55108

Make checks payable to
Minnesota State Fair

Print Name _____ Exhibitor Signature _____

Address _____ City _____ State _____ Zip _____

Phone _____ E-mail _____

****PLEASE NOTE! A COMPLETED IRS W-9 FORM MUST BE SUBMITTED WITH EACH ENTRY. EACH EXHIBITOR MUST PROVIDE HIS OR HER OWN T.I.N.**

CLASS #	ASSOCIATION REGISTRATION #	NAME OF HORSE	SEX	NAME AND ADDRESS OF: *State <u>required</u> for Minnesota premiums in halter classes	NAME OF SIRE AND DAM	ASSOCIATION REGISTRATION #
ENTRY FEE	FOALING DATE		Check ONE			
Class #		Name of Horse	<input type="checkbox"/> Mare	Owner	Sire	
\$	/ /		<input type="checkbox"/> Stallion	Breeder *State	Dam	
			<input type="checkbox"/> Gelding			
Class #		Name of Horse	<input type="checkbox"/> Mare	O	Sire	
\$	/ /		<input type="checkbox"/> Stallion	B *State	Dam	
			<input type="checkbox"/> Gelding			
Class #		Name of Horse	<input type="checkbox"/> Mare	O	Sire	
\$	/ /		<input type="checkbox"/> Stallion	B *State	Dam	
			<input type="checkbox"/> Gelding			
Class #		Name of Horse	<input type="checkbox"/> Mare	O	Sire	
\$	/ /		<input type="checkbox"/> Stallion	B *State	Dam	
			<input type="checkbox"/> Gelding			
Class #		Name of Horse	<input type="checkbox"/> Mare	O	Sire	
\$	/ /		<input type="checkbox"/> Stallion	B *State	Dam	
			<input type="checkbox"/> Gelding			
Class #		Name of Horse	<input type="checkbox"/> Mare	O	Sire	
\$	/ /		<input type="checkbox"/> Stallion	B *State	Dam	
			<input type="checkbox"/> Gelding			

Turn Over to enter Performance (Hitch) Classes →

CLASS #	ASSOCIATION REGISTRATION #	NAME OF HORSE	SEX	NAME AND ADDRESS OF: <small>*State required for Minnesota premiums in halter classes</small>	NAME OF SIRE AND DAM	ASSOCIATION REGISTRATION #
ENTRY FEE	FOALING DATE		Check ONE			
Class #		Name of Horse	<input type="checkbox"/> Mare	Owner	Sire	
\$	/ /		<input type="checkbox"/> Stallion	Breeder *State	Dam	
			<input type="checkbox"/> Gelding			
Class #		Name of Horse	<input type="checkbox"/> Mare	O	Sire	
\$	/ /		<input type="checkbox"/> Stallion	B *State	Dam	
			<input type="checkbox"/> Gelding			
Class #		Name of Horse	<input type="checkbox"/> Mare	O	Sire	
\$	/ /		<input type="checkbox"/> Stallion	B *State	Dam	
			<input type="checkbox"/> Gelding			
Class #		Name of Horse	<input type="checkbox"/> Mare	O	Sire	
\$	/ /		<input type="checkbox"/> Stallion	B *State	Dam	
			<input type="checkbox"/> Gelding			

Hitch and Under Saddle Classes

Driver / Rider					Driver / Rider			
Class #	Class #	Class #	Class #		Class #	Class #	Class #	Class #
Entry Fee \$	Entry Fee \$	Entry Fee \$	Entry Fee \$		Entry Fee \$	Entry Fee \$	Entry Fee \$	Entry Fee \$

Driver / Rider					Driver / Rider			
Class #	Class #	Class #	Class #		Class #	Class #	Class #	Class #
Entry Fee \$	Entry Fee \$	Entry Fee \$	Entry Fee \$		Entry Fee \$	Entry Fee \$	Entry Fee \$	Entry Fee \$

Driver / Rider					Driver / Rider			
Class #	Class #	Class #	Class #		Class #	Class #	Class #	Class #
Entry Fee \$	Entry Fee \$	Entry Fee \$	Entry Fee \$		Entry Fee \$	Entry Fee \$	Entry Fee \$	Entry Fee \$

Total Entry Fees \$

2023 DRAFT HORSE SHOW

AUG. 24 - 28

Owner's Name _____

Stable/Farm _____

Address _____

City _____

State _____

Zip _____

Fair-time Phone _____

Stable next to/with _____

ITEM	PRICE/ITEM	QUANTITY	TOTAL
Box Stall	\$45		\$
Tie Stall	\$15		\$
Shavings	\$7		\$
Total Stall Fees			\$

Total # of
Horses Exhibited

Breed

EXTRAS - DAILY AUTO PARKING & OVERNIGHT PARKING ACTIVATIONIndicate arrival time 8 a.m., Wed., Aug. 23 - Noon, Thurs. Aug. 24 8 p.m., Thurs., Aug. 24 - 8 a.m., Fri., Aug. 25 8 p.m., Fri., Aug. 25 - 9 a.m., Sat., Aug. 26

Daily Auto parking: Vehicle 1 <input type="checkbox"/> vehicle to remain overnight Include LIC#: _____	<input type="checkbox"/> Wed., Aug. 23 <input type="checkbox"/> Thurs., Aug. 24 <input type="checkbox"/> Fri., Aug. 25 <input type="checkbox"/> Sat., Aug. 26 <input type="checkbox"/> Sun., Aug. 27 <input type="checkbox"/> Mon., Aug. 28 \$20 each date	\$
Daily Auto parking: Vehicle 2 <input type="checkbox"/> vehicle to remain overnight Include LIC#: _____	<input type="checkbox"/> Wed., Aug. 23 <input type="checkbox"/> Thurs., Aug. 24 <input type="checkbox"/> Fri., Aug. 25 <input type="checkbox"/> Sat., Aug. 26 <input type="checkbox"/> Sun., Aug. 27 <input type="checkbox"/> Mon., Aug. 28 \$20 each date	\$
Overnight camping activation code: _____		\$

For entries to be accepted, ALL entry & stabling fees must accompany entry form.

Mail to :
Horse Dept.
Minnesota State Fair
1265 Snelling Ave. N.
St. Paul, MN 55108

Checks payable to Minnesota State Fair

TOTAL EXTRAS	\$
TOTAL ENTRY FEES	\$
TOTAL STALL FEES	\$
GRAND TOTAL	\$