

MINNESOTA STATE FAIR ~ AUG. 22 - SEPT. 2, 2024

WALKING HORSE ENTRY FORM *(one form per horse)*

OFFICE USE ONLY -
LAST

OFFICE USE ONLY - DO NOT WRITE IN THIS BOX

Horse number

W-9 on file

| | |
|---------------|-----|
| Name of Horse | |
| Foaling date | Sex |
| Color | |
| Height | |
| Name of Sire | |
| Name of Dam | |

**Entries close
MONDAY JULY 22**
Must be postmarked by above date
checks payable to Minnesota State Fair

Or enter **ONLINE** at
mnstatefair.org

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

Additional entry forms and premium books
may be downloaded from the
Minnesota State Fair website.

| | | |
|----------------------------------|-------|-----|
| Owner | | |
| Owner Address | | |
| City | State | Zip |
| Phone <i>(include area code)</i> | | |
| E-mail | | |

*****PLEASE NOTE! A COMPLETED
W-9 MUST ACCOMPANY ENTRY.**
Each exhibitor must provide his or her
TIN (Taxpayer Identification Number).
You will NOT be permitted to exhibit
without this information on file.

FIRST

| Class # | Entry Fee |
|-------------------------|-----------|
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| Total Entry Fees | \$ |

| | | |
|---|-------|-----|
| RIDER NAME | | |
| Address | | |
| City | State | Zip |
| Phone <i>(include area code)</i> | | |
| Signature <i>(if under 18, Parent/Guardian/Trainer must sign)</i> | | |
| Owner signature <i>(must be adult)</i> | | |
| Trainer signature <i>(Owner if no trainer - must be adult)</i> | | |

EX #

X

Signature. By signing I verify I have read and agree to the rules set forth by the Minnesota State Fair.

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.

2024 WALKING HORSE SHOW

AUG. 29 - AUG. 30

Owner's Name _____

Stable/Farm _____

Address _____

City _____ State _____ Zip _____

Fair-time Phone _____

Stable next to/with _____

| ITEM | PRICE/ITEM | QUANTITY | TOTAL |
|-------------------------|------------|----------|-------|
| Box Stall | \$45 | | \$ |
| Shavings | \$7 | | \$ |
| Total Stall Fees | | | \$ |

| |
|--------------------------------|
| Total # of Horses Exhibited |
| ----- |
| Breed |

| EXTRAS - DAILY AUTO PARKING | | |
|--|---|----|
| <u>Indicate arrival and departure date and time:</u> (between 8 p.m. - 8 a.m.) | | |
| Arrival: | Departure: | |
| Daily Auto parking: Vehicle 1 <input type="checkbox"/> vehicle to remain overnight Include LIC#: _____ | <input type="checkbox"/> Wed., Aug. 28 <input type="checkbox"/> Thurs., Aug. 29 <input type="checkbox"/> Fri., Aug. 30 \$20 each date | \$ |
| Daily Auto parking: Vehicle 2 <input type="checkbox"/> vehicle to remain overnight Include LIC#: _____ | <input type="checkbox"/> Wed., Aug. 28 <input type="checkbox"/> Thurs., Aug. 29 <input type="checkbox"/> Fri., Aug. 30 \$20 each date | \$ |

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 | \$ |