

NAME _____ NO. _____
 ENTRY FEES _____
 PAID TO OFFICE _____
 BALANCE DUE _____

ENTRY BLANK – DRAFT HORSES & PONIES

****Entries must be post marked by August 1st**

No entries will be accepted after sufficient entries to fill in stalls have been received

ENTRY BLANKS MUST BE COMPLETE. ENTRIES RECEIVED WITHOUT PAYMENT OR MISSING INFORMATION WILL BE RETURNED

*****ENTRY FEE IS 15% OF EACH FIRST PREMIUM*****

Make checks payable to and mail to:

Canfield Fair, Horse and Pony Department, P. O. Box 250, Canfield, Ohio 44406

PLEASE PRINT CLEARLY

Exhibitor's Name _____ Phone _____ County _____
 Address _____ City _____ State _____ Zip _____
 Email Address _____

| WRITE NAME OF HORSE OR PONY ONLY ONE TIME. IN MULTIPLE HITCH CLASSES ENTER ONLY ONE HORSE OR PONY | AGE | REGISTRATION NUMBER | SEX | PONY HEIGHT | CLASS | CLASS | CLASS | CLASS | CLASS | STALLS NEEDED | FEES |
|---|-----|---------------------|-----|-------------|-------|-------|-------|-------|-------|---------------|------|
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

Entries can be made at www.canfieldfair.com

| | |
|-----------------|--------|
| ENTRY SUB-TOTAL | \$ |
| OFFICE FEE | \$1.00 |
| TOTAL | \$ |

I understand and acknowledge the Society will use all reasonable care to protect and provide safety of livestock and articles entered and while on exhibition on the grounds but will under no circumstances be responsible for any loss of injury that may occur.

I WILL FOLLOW THE RULES AND REGULATIONS AS PRINTED IN THE CONSTITUTION, BY-LAWS AND PREMIUM BOOK.

SIGNATURE _____ (MUST BE SIGNED) IF MORE SPACE IS NEEDED, USE OTHER SIDE.