

LAKE COUNTY FAIR ALL-BREED CLASSIC

August 4, 5 & 6, 2023

Lake County Fairgrounds, Crown Point, Indiana

Owner(s): _____

Address: _____

City/State/Zip: _____

Telephone: _____

Stable With: _____

Entries due July 15th to: Mychelle Taylor
14640 Belshaw Rd.
Lowell, Indiana 46356
219-746-3688
Email: mychelle72@sbcglobal.net

PLEASE DO NOT PAY THE \$10 LAKE COUNTY FAIR GROUNDS CLEAN-UP FEE ON THIS ENTRY FORM. THIS FEE WILL BE COLLECTED AT THE GATE UPON YOUR ARRIVAL. YOU WILL RECEIVE A REFUND IF YOUR AREA IS CLEAN AT DEPARTURE.

Back No. Leave Blank	Name of Horse	Breed	Name of Rider or Driver

_____Stalls @ \$30 each \$ _____
_____Passes @ \$20 each \$ _____
_____Sponsorships @ \$25 per class \$ _____
_____Pattern Book @ \$3 each \$ _____

Please Make Checks Payable to Lake County Agricultural Society. Checks must be filled out completely. No open checks will be accepted.

TOTAL FEES: \$ _____

Please be sure and read the entire premium flyer as there are important changes that you need to be aware of. Thank you.

I hereby enter the above horse(s) at my own risk and agree to release the Lake County Agricultural Society, its members, agents, employees and/or landholder, of all liabilities or responsibilities in case of accident, loss or injury in any way connected with the Lake County Fair Society Horse Show, and agree to indemnify and hold harmless the Lake County Agricultural Society in the event of any such liability or responsibility to any owner, lessee, trainer, agent, employee, rider/driver, or any other person representing the same in case of accident, loss or injury connected with the show.

Signature of Owner/Exhibitor: _____

If the Owner/Exhibitor is a minor, his or her parent or legal guardian must also sign here and assume this Assumption and Release of Liability

Signature of Parent/Guardian: _____

Check # _____ Exhibitor No. _____

Please leave this area blank. For Office Use Only. Thank you.