

PLEASE PRINT OR TYPE

LAST NAME FIRST NAME M.I.

MAILING ADDRESS

CITY ZIP PHONE

EXHIBITOR'S AGE EXHIBITOR'S BIRTHDATE GRADE LEVEL



1850 W CLEVELAND AVE MADERA, CA, 93637 559-674-8511

WWW.MADERAFAIR.COM

OWNER:

Proof of ownership required with entry.



HORSE ENTRY FORM JUNIOR DEPARTMENT

FFA Chapter / 4-H Club

Please circle correct Department or IF INDEPENDENT PLEASE INDICATE BELOW

Club / Chapter

Table with 7 columns: Leave Blank, Division #, Class #, Class Description, Name of Horse, Entry Fee, Entry Number. Rows 1-10.

CONSULT PREMIUM BOOK FOR DIVISION AND CLASS NUMBERS, ENTRY FEES, AND ENTRY CLOSING DATES NUMBER OF ANIMALS: ( ) TOTAL ENTRY FEES: ( )

The exhibitor agrees to defend, indemnify and hold harmless the Fair, the county and the State of California from and against any liability, claim, loss or expense (including attorney's fees) arising out of any injury or damage which is caused by, arises from or is in any way connected with participation in the program or event, excepting only that caused by the sole active negligence of the Fair.

FOR FAIR USE ONLY: DATE RECEIVED:

Exhibitor Signature: Parent/Guardian Signature:

RECEIVED BY:

I certify that this entry is the project of the exhibitor and is eligible to be shown in accordance with the rules of this show.

Advisor/Leader/Teacher Signature & Phone Number: Club / Chapter:

EXHIBITOR NO:

Exhibitor Last Name: Exhibitor First Name: