



# 2022 Equine Show Summary Sheet

**Payment must accompany this summary sheet  
and entry forms**

Attn: Equine Entries  
Tri-State Fair & Rodeo  
3301 SE 10th Ave., Amarillo, TX 79104  
Phone: 806.376.7767

**Make payment to Tri-State Fair**

Owner Name: \_\_\_\_\_

Exhibitor Name: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

<b>Stalls</b>	<b># of Stalls _____ x \$20 per stall/per night</b>	<b>\$</b>
	Thursday _____ Friday _____ Saturday _____ Sunday _____	
<b>Shavings</b>	<b>2 bags pre-bedded in every stall @\$22 x _____ stalls</b> <b># of additional Shavings _____ x \$11/each</b>	<b>\$</b>
<b>Tack Stalls</b>	<b>Tack Stalls _____ x \$25</b> <b>Tack stalls will contain 2 bags of shavings.</b>	<b>\$</b>
	<b>Fees from Entry Forms</b>	<b>\$</b>
	<b>Grand Total</b>	<b>\$</b>

Credit Card Info: Visa    MasterCard    AmEx    Discover

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_    CVC Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Zip Code for Card: \_\_\_\_\_

Amount to be Charged: \$ \_\_\_\_\_

Signature: \_\_\_\_\_

- Must have copy of current Coggins at time of check-in**
- Current Health Papers on ALL out of state Horses**

Please check who will receive premium money

Owner \_\_\_\_\_ Exhibitor \_\_\_\_\_

*\*SSN Required\**

*Entries will not be accepted without this information.*

SSN \_\_\_\_\_

Date Received: \_\_\_\_\_ Cash/Check #: \_\_\_\_\_ Money Order: \_\_\_\_\_ CC: \_\_\_\_\_

Total Paid: \_\_\_\_\_ Receipt #: \_\_\_\_\_ **\*\*Office Use Only\*\***