

CALAVERAS COUNTY FAIR

Horse Show Entry Form

PLEASE PRINT LEGIBLY

P.O. Box 489, Angels Camp CA 95222 - 209.736.2561

Entry Due Date: April 5th, 2025 by 5 PM

EXHIBITOR NAME:	AGE AS OF JANUARY 1ST:	BIRTH DATE:
MAILING ADDRESS:	CLUB/CHAPTER/INDEPENDENT:	
CITY, STATE, ZIP	PHONE:	

Fair Management is not responsible for errors made on entry form.

LATE OR FAXED FORMS WILL NOT BE ACCEPTED.

Bill of Sale is required, unless horse is leased, then lease form should already be on file.

DEPARTMENT NUMBER: 320		STALL FEES \$5 PER ENTRY (\$50 MAXIMUM)				ETHICS CERTIFICATE ATTACHED:
						ETHICS COMPLETION DATE:
DIVISION No.	CLAS S No.		DIVISION DESCRIPTION	CLASS DESCRIPTION	ENTRY FEE	
				TOTAL		

Showmanship: Department: 325 Division: _____ Class: _____

**Signatures certify that these entries are the project of the exhibitor and are eligible to be shown in accordance with the State of California and the Calaveras County Fair Rules. This entry also certifies that the Exhibitor, Parent/Guardian and Leader/Advisor have read and received a copy of Livestock Exhibitor Show Entry Certification Rules and Social Media Policy (Located in back of book).*

SIGNATURE OF EXHIBITOR*:	
PRINT NAME OF PARENT/GUARDIAN:	SIGNATURE OF PARENT/GUARDIAN: *
PRINT NAME OF PROJECT LEADER/ADVISOR:	SIGNATURE OF LEADER/ADVISOR: *