

BERRIEN COUNTY YOUTH FAIR - EQUINE ENTRY SHEET

Exhibitor # is
first initial of
last name &
last 4 digits of
Soc. Sec. #

Exhibitor #:

Exhibitor Name: _____
Address: _____ **City:** _____ **Zip:** _____
Email: _____ **Name of Parents:** _____
Phone #: _____ **Age (As of Jan. 1 of Current Year):** _____ **Date of Birth:** _____

Equine #1 Name: _____ **Equine #2 Name:** _____
 ___ Horse ___ Pony ___ Horse ___ Pony

If you have a registered horse/pony, you must provide the registration number.

Registration #: _____ **Qualified: Y or N** Registration #: _____ **Qualified: Y or N**

<u>Class:</u>	<u>Dept.</u>	<u>Div.</u>	<u>Class #</u>	<u>Class Name</u>	<u>Class:</u>	<u>Dept.</u>	<u>Div.</u>	<u>Class #</u>	<u>Class Name</u>
Halter:	___/___	___/___	_____	_____	Halter:	___/___	___/___	_____	_____
Showmanship:	___/___	___/___	_____	_____	Showmanship:	___/___	___/___	_____	_____
Performance: (1)	___/___	___/___	_____	_____	Performance: (1)	___/___	___/___	_____	_____
Performance: (2)	___/___	___/___	_____	_____	Performance: (2)	___/___	___/___	_____	_____
Performance: (3)	___/___	___/___	_____	_____	Performance: (3)	___/___	___/___	_____	_____
Performance: (4)	___/___	___/___	_____	_____	Performance: (4)	___/___	___/___	_____	_____
Performance: (5)	___/___	___/___	_____	_____	Performance: (5)	___/___	___/___	_____	_____
Performance: (6)	___/___	___/___	_____	_____	Performance: (6)	___/___	___/___	_____	_____
Performance: (7)	___/___	___/___	_____	_____	Performance: (7)	___/___	___/___	_____	_____

Back-up Equine #1 Name: _____ **Back-up Equine #2 Name:** _____
 ___ Horse ___ Pony ___ Horse ___ Pony

If you have a registered horse/pony, you must provide the registration number.

Registration #: _____ **Qualified: Y or N** Registration #: _____ **Qualified: Y or N**

<u>Class:</u>	<u>Dept.</u>	<u>Div.</u>	<u>Class #</u>	<u>Class Name</u>	<u>Class:</u>	<u>Dept.</u>	<u>Div.</u>	<u>Class #</u>	<u>Class Name</u>
Halter:	___/___	___/___	_____	_____	Halter:	___/___	___/___	_____	_____
Showmanship:	___/___	___/___	_____	_____	Showmanship:	___/___	___/___	_____	_____
Performance: (1)	___/___	___/___	_____	_____	Performance: (1)	___/___	___/___	_____	_____
Performance: (2)	___/___	___/___	_____	_____	Performance: (2)	___/___	___/___	_____	_____
Performance: (3)	___/___	___/___	_____	_____	Performance: (3)	___/___	___/___	_____	_____
Performance: (4)	___/___	___/___	_____	_____	Performance: (4)	___/___	___/___	_____	_____
Performance: (5)	___/___	___/___	_____	_____	Performance: (5)	___/___	___/___	_____	_____
Performance: (6)	___/___	___/___	_____	_____	Performance: (6)	___/___	___/___	_____	_____
Performance: (7)	___/___	___/___	_____	_____	Performance: (7)	___/___	___/___	_____	_____

Independent: _____ (mark X if NOT with a club)
Club or Group Name: _____
Leaders Name: _____
 I agree I have read and will abide by the rules set forth by BCYF:
Signature of Exhibitor or Guardian: _____

If you are an independent exhibitor and you wish to be stalled near a particular club or individual, please list the club or individual name on the line.

Verified by: _____

WHITE COPY: Fair Office
 YELLOW COPY: Exhibitor to keep
 (MUST bring YELLOW copy when you verify)

BCYF, P.O. Box 7, Berrien Springs, MI 49103
 (269) 473-4251 BCYF Phone

OFFICE USE ONLY:

Date Received: _____ Clerk's Initials: _____
 Validation Date: _____ Clerk's Initials: _____

*** I wish to donate my premium money to Berrien County Youth Fair, I do not want a check issued:

Signature of Exhibitor or Parent/Guardian (only sign if you DON'T want a premium check)