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: _____ __ Horse __ Pony   **Equine #2 Name:** _____ __ 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**

Class:	Dept.	Div.	Class #	Class Name	Class:	Dept.	Div.	Class #	Class Name
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)	___	/ ___	/ _____	_____
Performance: (8)	___	/ ___	/ _____	_____					

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

Class:	Dept.	Div.	Class #	Class Name	Class:	Dept.	Div.	Class #	Class Name
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)	___	/ ___	/ _____	_____
Performance: (8)	___	/ ___	/ _____	_____					

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)

Apr-23