

# ILLINOIS STATE FAIR CHAMPIONSHIP SOCIETY HORSE SHOW

MAIL ENTRIES TO: ILLINOIS STATE FAIR, SOCIETY HORSE SHOW, P.O. BOX 19427, SPRINGFIELD, ILLINOIS 62794-9427 - PHONE 217-782-0785

**ENTRIES CLOSE: JULY 7, 2021 - ONE OWNER PER FORM** [ENTRIES POSTMARKED AFTER JULY 21ST PAY DOUBLE STALL FEE]

FOR OFFICIAL USE ONLY		NAME OF HORSE - REGISTRATION # CLASS # FOR LAND OF LINCOLN & OPEN CLASSES	TOTAL ENTRY FEES	SEX	AGE	SIRE AND DAM (FOR FUTURITY ENTRIES)	OWNER'S NAME & ADDRESS (AS IT APPEARS ON REGISTRATION PAPER)	RIDER/DRIVER
BACK#	ID#							
						SIRE:		
						DAM:		
						SIRE:		
						DAM:		
						SIRE:		
						DAM:		
						SIRE:		
						DAM:		
						SIRE:		
						DAM:		
						SIRE:		
						DAM:		
						SIRE:		
						DAM:		
						SIRE:		
						DAM:		
						SIRE:		
						DAM:		

## EQUITATION CLASSES ONLY

FOR OFFICIAL USE ONLY		TOTAL CLASS NUMBER				ENTRY FEES	UPHA			
BACK#	ID#						AGE	MEMBER #	ADDRESS	
							RIDER'S NAME:			
							HORSE'S NAME:			
							RIDER'S NAME:			
							HORSE'S NAME:			
							RIDER'S NAME:			
							HORSE'S NAME:			

**OWNER** \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE # \_\_\_\_\_  
**TRAINER** \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE # \_\_\_\_\_  
**RIDER/DRIVER/HANDLER** \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE # \_\_\_\_\_

ASHA# \_\_\_\_\_ AHHA# \_\_\_\_\_ UPHA# \_\_\_\_\_ OTHER \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_  
CELL PHONE # \_\_\_\_\_ EMAIL \_\_\_\_\_  
ASHA# \_\_\_\_\_ AHHA# \_\_\_\_\_ UPHA# \_\_\_\_\_ OTHER \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_  
CELL PHONE # \_\_\_\_\_ EMAIL \_\_\_\_\_  
ASHA# \_\_\_\_\_ AHHA# \_\_\_\_\_ UPHA# \_\_\_\_\_ OTHER \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_  
CELL PHONE # \_\_\_\_\_ EMAIL \_\_\_\_\_

**PREMIUM CHECKS TO BE MADE PAYABLE TO:**

NAME \_\_\_\_\_ SS#/FEIN# \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
TELEPHONE \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_ STALLS. . . . . (\$45.00 EACH) \$ \_\_\_\_\_  
\_\_\_\_ TACK . . . . . (\$45.00 EACH) \$ \_\_\_\_\_  
OFFICE FEES . . . . . (\$10.00 PER HORSE) \$ \_\_\_\_\_  
ENTRY FEES . . . . . \$ \_\_\_\_\_  
STAKE FEES [PAYABLE ON DAY SHOWN] . . . . . \$ \_\_\_\_\_  
ADMISSION PASSBOOK [13-59] . . . . . (45.00 EACH) \$ \_\_\_\_\_  
EXHIBITOR'S AUTO PASS . . . . . (\$40.00 EACH) \$ \_\_\_\_\_

RECEIPT # \_\_\_\_\_ **[OFFICE USE ONLY]** TOTAL ENCLOSED \$ \_\_\_\_\_

**MAKE CHECKS PAYABLE TO: ILLINOIS STATE FAIR**  
**» UPHA CLASSIC CHECK PAYABLE: UPHA CHAPTER 10 «**  
**NO REFUNDS**

**CONDITION OF ENTRY**

BY SIGNING THIS FORM, I CERTIFY THAT I HAVE READ THE CONTENTS OF THE PREMIUM BOOK AND THAT I WILL ABIDE BY ALL APPLICABLE RULES AND GUIDELINES CONTAINED THEREIN, INCLUDING SPECIFIC RULES RELATING TO THE ADMINISTRATION OF DRUGS TO ANIMALS, AS WELL AS ALL OTHER RULES RELATING TO THE ILLINOIS STATE FAIR AND THE LAWS AND REGULATIONS OF THE STATE OF ILLINOIS.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_  
EXHIBITOR

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_  
PARENT AND/OR GUARDIAN

**STABLE WITH:** \_\_\_\_\_ **EMERGENCY CONTACT:** \_\_\_\_\_ **ARRIVAL DATE:** \_\_\_\_\_ **DEPARTURE DATE:** \_\_\_\_\_

**IMPORTANT NOTICE:** THIS STATE AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED UNDER 20 ILCS 210/1-13. FAILURE TO PROVIDE THIS INFORMATION SHALL PREVENT THIS FORM FROM BEING PROCESSED. THIS FORM HAS BEEN APPROVED BY THE STATE FORMS MANAGEMENT CENTER. IN ACCORDANCE WITH THE AMERICANS WITH DISABILITIES ACT ANY ATTENDEE REQUIRING A REASONABLE ACCOMMODATION SHOULD NOTIFY US OF THEIR NEEDS BY SEPTEMBER 1.