Eastern Sierra Tri-County Fair Horse Show
September 1st to September 6th Must be received by August 23rd

Owner or Authorizing Agent	Rider 1	Trainer
Owner's Name:	Riders Name:	Trainer Name:
Address:	Address:	Address:
City, State, Zip:	City, State, Zip	City, State, Zip:
Telephone:	Telephone	Telephone:
SS#:	**Rider 2**	**OFFICE USE ONLY**
Stable with: Trainer Name/Barn Name:	Riders Name:	Ck# $ Date:
	Address:	Balance Due: $
Stall:_____ Corral: _____	City, State, Zip:	Open Ck #
Name of Horse (only one horse per entry blank)	Telephone:	**Class Numbers**
	Rider 1 **Date of Birth**	| | | | | | | | |
Color Sex Age Height Breed	**Rider 1** **Date of Birth**	| | | | | | | | |
| | | |	**Rider 2** **Date of Birth**	| | | | | | | | |
	Rider 2 **Date of Birth**	| | | | | | | | |

[ ] Master Card [ ] Visa [ ] Check [ ] Cash

Name on Card: _____

Exp. Date: _____

CD #: _____

Signature: _____

Phone: _____
Send in open check or call with credit card. Must have verification to pick up Numbers.

Sign on Back

Rider 1-Print Name
_____
Signature:
_____
Parent/Guardian Print:
_____
Signature:
_____

Rider 2-Print Name
_____
Signature:
_____
Parent/Guardian Print:
_____
Signature:
_____

Owner/Agent-Print:
_____
Signature:
_____

CDFA Drug Fee 8.00 _____
Entry/Class Fees……Use class total _____

Optional Fees

_____ _____
Stall Fee 5 Nights. # ____ x 125.00 _____
Stall /tack Fee daily.. # ____days x 25.00 _____
Tack Room Fee 5X Nights.. . # ____50.00 _____

Total Fee's . . . . . .

Class Entry Fees will be tabulated at Show Office - enter class numbers to the right of and corresponding to Rider 1 and Rider 2 areas. **Note Division Fees at front of book. Entries will be accepted by phone, email, fax, and in person at the show office. Credit cards by phone or in person only. Preference is an open check.**

Mail Entries to
ESTCF Horse Show
475 Sierra Street
Bishop, CA 93514