

# Colorado State Fair

Aug 28 - Sept 7, 2020 in Pueblo  
Walk OnThe Wild Side

## 4-H Exhibitor Form (Include this form with payment)

Mail Form and Payment to: CSF/Horse Show  
1001 Beulah Ave. Pueblo, CO 81004



### EXHIBITOR INFORMATION

Exhibitor Name: \_\_\_\_\_ County Representing: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Horse A Entered: \_\_\_\_\_ Horse B Entered: \_\_\_\_\_

*\*All horses entered must be a designated horse project horse of yours for the 2020 4-H program.*

**Fill in the blanks below with your age and level per discipline for which you are eligible.**

Discipline	Age	Level
1. Ranch Horse	_____	_____
2. Western	_____	_____
3. English	_____	_____
4. Gymkhana	_____	_____

Who is your County Horse Agent: \_\_\_\_\_

*\*CSF will send this form to your County Agent to verify all information listed above.*

### Checkout Form: Acceptable payments— Check, MO, Cash, or Visa/Mastercard

**Key: Entry Fees—\$10/class Office Fees— \$10/exhibitor Ranch Horse Fee—\$100/exhibitor (includes WT fee)**

Entry Fees	Office Fees	Ranch Horse Fees	Total Fees Due
\$ _____	\$ _____	\$ _____	\$ _____

Stalls: Early Arrival (Sept 2-7) Weekend Rate = \$55/horse Tack Stall = \$20/tack stall

Regular Arrival (Sept 3-7) Weekend Rate = \$40/horse Tack Stall = \$15/tack stall Daily = \$15/stall

# of Stalls Ordered	# of Tacks Ordered	Arrival Date	Total Stall Fees Due
_____	_____	_____	\$ _____

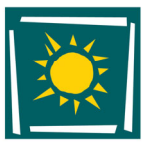
I am paying by:  Check  Money Order  Cash  Visa  Mastercard

**Total Payment Due: \$\_\_\_\_\_** (Add total fees, total stalls, and total passes together)

Name of Person making the payment: \_\_\_\_\_ Cell #: \_\_\_\_\_

Check#: \_\_\_\_\_

*\*If paying by credit card please fill out the credit card authorization form on next page. You may choose to call in your credit card number just leave that information blank on the form.*



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**Colorado State Fair  
Credit Card Authorization  
Form**



Name on Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration on card: \_\_\_\_\_ 3 Digit Security Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Cell: \_\_\_\_\_

Amount to be charged: \$ \_\_\_\_\_

By signing this form, I authorize Colorado State Fair to debit the charge total from the above credit card number.

Signature of Credit Card Account Holder: \_\_\_\_\_

Date: \_\_\_\_\_

**Office Use Only:**

Staff member who processed credit card: \_\_\_\_\_

Date processed card: \_\_\_\_\_