



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 Late Fee-\$50/ex.

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

Stalls: Early Arrival (Aug. 25-30) Weekend Rate = \$55/horse Tack Stall = \$20/tack stall

Regular Arrival (Aug. 26-30) Weekend Rate = \$40/horse Tack Stall = \$15/tack stall Daily = \$15/stall

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

4-H Admission Wristband = \$10/wb *only available to 4-H exhibitors All Age Wristband = \$35/wb Parking \$45 (1/family)

Of 4-H WB Ordered: _____ # of All Age WB Ordered: _____ Parking Permit (\$45) : _____

Total Due for Wristbands and Parking Permit = \$ _____

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.*



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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: _____