

PLEASE PRINT OR TYPE

LAST NAME FIRST NAME M.I.

MAILING ADDRESS

CITY ZIP PHONE

EXHIBITOR'S AGE EXHIBITOR'S BIRTHDATE GRADE LEVEL



1850 W CLEVELAND AVE
MADERA, CA, 93637
559-674-8511

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**HORSE ENTRY FORM
JUNIOR DEPARTMENT**

FFA Chapter / 4-H Club

Please circle correct Department
or
IF INDEPENDENT PLEASE INDICATE BELOW

Club / Chapter _____

Leave Blank	Division #	Class #	Class Description	Name of Horse	Entry Fee	Entry Number
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

CONSULT PREMIUM BOOK FOR DIVISION AND CLASS NUMBERS, ENTRY FEES, AND ENTRY CLOSING DATES **NUMBER OF ANIMALS:** (_____) **TOTAL ENTRY FEES:** (_____)

The exhibitor agrees to defend, indemnify and hold harmless the Fair, the county and the State of California from and against any liability, claim, loss or expense (including reasonable attorney's fees) arising out of any injury or damage which is caused by, arises from or is in any way connected with participation in the program or event, excepting only that caused by the sole active negligence of the Fair. The Fair Management shall not be responsible for accidents or losses that may occur to any of the exhibitors or exhibits at the fair. The exhibitor (or parent or guardian of a minor) is responsible for any injury or damage resulting from the exhibitor's participation in the program or event. This includes any injury to others or to the exhibitor or to the exhibitor's property. Exhibitor has read, understands and agrees to abide by all of the rules published in the Fair's Exhibitor Handbook.

Exhibitor Signature: _____ **Parent/Guardian Signature:** _____

I certify that this entry is the project of the exhibitor and is eligible to be shown in accordance with the rules of this show.

Advisor/Leader/Teacher Signature & Phone Number: _____ **Club / Chapter:** _____

Exhibitor Last Name: _____ *Exhibitor First Name:* _____

**FOR FAIR USE ONLY:
DATE RECEIVED:**

RECEIVED BY:

EXHIBITOR NO:
