

## 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 20, 2015**

For office use only Back #	ID#	Name of Horse - Reg # Class Number for Land of Lincoln & Open Classes	Total Entry Fees	SEX	AGE	Sire and Dam (For Futurity Entries)	Owner's Name and Address	Rider/Driver
						<b>Sire:</b>		
						<b>Dam:</b>		
						<b>Sire:</b>		
						<b>Dam:</b>		
						<b>Sire:</b>		
						<b>Dam:</b>		
						<b>Sire:</b>		
						<b>Dam:</b>		
						<b>Sire:</b>		
						<b>Dam:</b>		
						<b>Sire:</b>		
						<b>Dam:</b>		
						<b>Sire:</b>		
						<b>Dam:</b>		

### EQUITATION/ACADEMY CLASSES ONLY

For office use only Back #	ID#	Total Class Number	Entry Fees	Rider's Name:	Age	UPHA Member #	Address
				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 # \_\_\_\_\_  
 Make Checks Payable to: \_\_\_\_\_  
 Address \_\_\_\_\_

ASHA# \_\_\_\_\_ AHHS# \_\_\_\_\_ UPHA# \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Cell Phone # \_\_\_\_\_ email \_\_\_\_\_  
 ASHA# \_\_\_\_\_ AHHS# \_\_\_\_\_ UPHA# \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Cell Phone # \_\_\_\_\_ email \_\_\_\_\_  
 ASHA# \_\_\_\_\_ AHHS# \_\_\_\_\_ UPHA# \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Cell Phone # \_\_\_\_\_ email \_\_\_\_\_  
 Social Security/Tax ID \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_

**CONDITION OF ENTRY**

By signing this form, I certify that I have received and read the contents of the Premium Book and that I will abide by all applicable rules contained therein, including rules relating to the administration of drugs to animals, and 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

\_\_\_\_\_  
**Owner or Owner's Agent Signature**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City State Zip Code**

\_\_\_\_\_  
**Telephone Date**

\_\_\_\_\_ **Stalls** .....(\$45.00 each) \$ \_\_\_\_\_  
 \_\_\_\_\_ **Tack** .....(\$45.00 each) \$ \_\_\_\_\_  
**Office Fee** .....(\$10.00 per horse) \$ \_\_\_\_\_  
**Entry Fees** ..... \$ \_\_\_\_\_  
**Stake Fees (payable on day shown)**..... \$ \_\_\_\_\_  
**Admission Passbook** .....(\$45.00 each) \$ \_\_\_\_\_  
**Senior Passbook (60 & over)**.....(\$20.00 each) \$ \_\_\_\_\_  
**Child Passbook (5-12)** .....(\$20.00 each) \$ \_\_\_\_\_  
**Exhibitor's Auto Pass**.....(\$35.00 each) \$ \_\_\_\_\_  
**Receipt #** \_\_\_\_\_ (**office use only**) **Total Enclosed** \$ \_\_\_\_\_

**Make Check Payable to: ILLINOIS STATE FAIR NO REFUNDS**  
**UPHA CLASSIC CHECK PAYABLE: UPHA CHAPTER 10**