<table>
<thead>
<tr>
<th>For office use only</th>
<th>Name of Horse</th>
<th>Reg. No.</th>
<th>Year</th>
<th>Color</th>
<th>Total Entrance Fees</th>
<th>Owner's Name and Address (As it appears on Registration Paper)</th>
<th>Owner's Mem. #</th>
<th>Rider/Handler Mem. #</th>
<th>Rider/Handler Relationship To Owner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Back #</td>
<td>Class Number</td>
<td></td>
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<tr>
<td>ID #</td>
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</tr>
</tbody>
</table>
______ Stalls ...............................................($35.00 each) $ ____________
______ Tack ...............................................($35.00 each) $ ____________
Entry Fees ................................................................. $ ____________
Office Fees ...................................................(5.00 per horse) $ ____________
Receipt # __________ (office use only) Total Enclosed $ ____________

Make Check Payable to: Illinois Department of Agriculture

SEPARATE CHECKS

Association Fees (APHA) .............................................. $ ____________
Association Fees (AQHA) .............................................. $ ____________
Appaloosas pay in office on arrival

Stall Requests: ____________________________________________________________

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 regulation of the State of Illinois.

SIGNED ____________________________________________________ Date ______________________________
Exhibitor

SIGNED ____________________________________________________ Date ______________________________
Parent and/or Guardian

I HEREBY CERTIFY THAT EVERY HORSE, RIDER AND/OR HANDLER IS ELIGIBLE AS ENTERED AND AGREE FOR MYSELF AND REPRESENTATIVE TO BE BOUND BY THE CONSTITUTION AND RULES OF THE AQHA, APHC, APHA, NRHA, NBHA, CMSA, AND THIS SHOW.

PREMIUM CHECK TO BE MADE PAYABLE TO:

________________________________________________________________________
Name SS# or FEIN #
________________________________________________________________________
Address
________________________________________________________________________
City State Zip Code
________________________________________________________________________
Email Address
________________________________________________________________________
Telephone Date