CALAVERAS COUNTY FAIR

Horse Show Entry

Entry Due Date: April 4th, 2020 @ 5 p.m.

Form

P.O. Box 489, Angels Camp CA 95222 - 209.736.2561

Ехнівіто	R NAME:		AGE AS OF JANUARY 1ST:	BIRTH DATE:		
MAILING	Address:		CLUB/CHAPTER/INDEPENDEN	CLUB/CHAPTER/INDEPENDENT:		
CITY, STA	TE, ZIP		PHONE:	PHONE:		
		nt is not responsible for errors made ACC is required, unless horse is lea	CEPTED.			
DEPARTN	B20		,	ETHICS CERTIFICATE ATTACHED: ETHICS COMPLETION DATE:		
Division No.	CLASS No.	DIVISION DESCRIPTION	CLASS DESCRIPTION			
			TOTAL			
	Shown	nanship: Department:325	5 Division:	Class:		
California	and the Calav	these entries are the project of the exhib eras County Fair Rules. This entry also only of Livestock Exhibitor Show Entry Cer	certifies that the Exhibitor, Parent/Gua	ardian and Leader/Advisor have		
SIGNAT	URE OF EXHIB	ITOR*:				
PRINT N	AME OF PARE	ent/Guardian:	Signatur	SIGNATURE OF PARENT/GUARDIAN: *		
PRINT N	IAME OF PRO	DJECT LEADER/ADVISOR:	Signa	TURE OF LEADER/ADVISOR: *		