

# Quarter Horse, Palomino, Miniature, WPCSA Tuesday Only

**SECTION I - NEW YORK STATE FAIR HORSE SHOW**  
 NEW YORK STATE FAIR COLISEUM - SYRACUSE, NEW YORK

## WHITE ENTRY FORM

Entry Number \_\_\_\_\_

**ONLY ONE HORSE TO EACH ENTRY BLANK - PLEASE ENCLOSE COPIES OF REGISTRATION PAPERS AND MEMBERSHIP CARDS**

▼ NAME OF HORSE ▼	Sex	Year Foaled	Registration # & Breed	Registration # & Breed

### Rider #1 Classes

Office Use	Name of Rider		Membership #		Issued By			Relation To Owner	
			Membership #		Issued By				
	Street Address		Youth DOB						Entry Fee
	City	State	Zip						

### Rider #2 Classes

Office Use	Name of Rider		Membership #		Issued By			Relation To Owner	
			Membership #		Issued By				
	Street Address		Youth DOB		Class #s				Entry Fee
	City	State	Zip						

### Rider #3 Classes

Office Use	Name of Rider/Driver/Handler		Membership #	Class #s					Entry Fee
	1.								
	2.		Membership #	Class #s					

#### OWNER INFORMATION - PLEASE PRINT

Owner's Name	
Street Address	
City	State Zip
Telephone	
Owner Member ID#	Breed
Owner Member ID#	Breed
Social Security #	E-Mail

Blanket Fee for AQHA	
Blanket Fee for PHBA	
Stall Fee - See Below	
Office Fee @ \$25.00 per horse	
Spectator Boxes: 6 Seats 9 Seats 12 Seats \$70.00 \$100.00 \$130.00	
Palomino Fee @ \$21.00 (3 Judges)	
AQHA Fee @ \$18.00 (3 judges)	
Mini Tie Stalls @ \$30.00 no gates available	
WPCSA Fee @ \$10.00 for breed pony	
<b>AMOUNT ENCLOSED</b>	
<b>BALANCE DUE</b>	

TRAINER'S NAME \_\_\_\_\_

TRAINER'S PHONE \_\_\_\_\_

I certify that every horse and/or rider or driver is eligible as entered. I make these entries at my own risk and subject to rules of this show and I agree to be bound thereby. I agree to make no claims against the New York State Fair if any damages be occasioned or loss occur to any vehicle, equipment or animal which I send to the show, and I agree to pay the show the sum of \$100 as and for liquidated damages if any animal which I exhibit is suffering from contagious disease. And I further agree that the New York State Fair Show shall reserve the right to reject this entry without being liable for compensation.

I AGREE TO ABIDE BY THE NEW YORK STATE DRUG LAW, REFUSAL TO BE TESTED WILL RESULT IN FORFEITURE OF ENTRY FEES, STALL FEES, PREMIUMS AND PRIZES, AND FURTHER DISCIPLINARY ACTION AS PRESCRIBED BY LAW.

Signature Below Indicates That Signer Has Read and Understands All of The Above

Owner, Agent, or Parent's Signature

STABLE WITH:

**PHBA Stalls: \$40.00** \_\_\_\_\_  
**WPCSA Stalls: Halter Only: \$40.00** \_\_\_\_\_  
**AMHR Stalls: \$40.00** \_\_\_\_\_  
**All Other Stalls: \$70.00** \_\_\_\_\_

**ENTRY & STALL FEES MUST ACCOMPANY THIS FORM**  
*All Premium Checks will be made payable to owner of horses.*  
*Premium checks will not be paid without owner's social security number.*

*Canadian Checks Must Be Marked: Payable in U.S. Funds*  
**MAKE CHECKS PAYABLE TO: NY State Fair**  
**Mail To: NYS Fair Entry Dept, 581 State Fair Blvd, Syracuse, NY 13209**  
 FMI: Naomi Blumenthal - nblumenthal@twcny.rr.com

Name to appear on Coliseum box (if ordered)

## WHITE ENTRY FORM