



**YOUTH HORSE SHOW  
GREATER JACKSONVILLE FAIR**

**ENTRY DEADLINE SEPTEMBER 1st NO EXCEPTIONS**

(PLEASE TYPE)

Exhibitor  Age  D.O.B.

County

Address  Phone

City  State  Zip

E-mail address  Exhibitors Social Security #

DIVISION: Jr.  Sr.

In what category will you be competing for high points  English  Western  Speed

**COGGINS: A current copy of a negative Coggins Test Certificate MUST ACCOMPANY THIS ENTRY .**

**ENTRY FEE – Thirty five (\$35.00) dollars must accompany this entry** This will cover entry fee, stall fee and 1 bale of shavings. EACH EXHIBITOR MAY ENTER SEVEN (7) CLASSES OF THEIR CHOICE. . **NO REFUNDS. ALL CHECKS WILL BE MAILED AFTER THE FAIR.**

NAME OF HORSE

1. CLASS NUMBER  CLASS NAME

2. CLASS NUMBER  CLASS NAME

3. CLASS NUMBER  CLASS NAME

4. CLASS NUMBER  CLASS NAME

5. CLASS NUMBER  CLASS NAME

6. CLASS NUMBER  CLASS NAME

7. CLASS NUMBER  CLASS NAME

I hereby release the FLORIDA COOPERATIVE EXTENSION SERVICE , THE GREATER JACKSONVILLE AGRICULTURAL FAIR ASSOCIATION, and THE CITY OF JACKSONVILLE, their respective employees and volunteers from any financial responsibility for the sickness of or accident to (him - her) while going to, returning from, and while at this event. To insure prompt attention, in case of serious sickness or accident, I hereby authorize the person responsible to incur expense considered necessary and I agree to pay for same, if this is not covered by an accident and sickness insurance policy.

Signature of Parent or Guardian \_\_\_\_\_

I hereby certify that the information given in this entry is correct