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4-H / FFA HORSE SHOW
GREATER JACKSONVILLE FAIR

ENTRY DEADLINE OCTOBER 1st NO EXCEPTIONS

(PLEASE TYPE) Exhibitor [] Age [] D.O.B. []
County []
Address [] Phone []
City [] State [] Zip []
e-mail address [] 4-H/FFA CLUB NAME []
Exhibitors Social Security # [] If Applicable
DIVISION: Jr. [] Sr. []

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 the volunteer 4-H/FFA Leader(s) from any financial responsibility for the sickness of or accident to (him - her) while going to, returning from, and while at this 4-H/FFA 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 and that the exhibitor is a bona-fide 4-H/FFA Club Member, and the horse is registered as a 4-H/FFA Project by September 1st, of current year.

Signature of 4-H/FFA Club Leader(If Applicable) _____