Lincoln County Fair Horse Show Entry Form Use a separate form for each horse-Number assigned to horse Circle show day: Tuesday Thursday Saturday

# 1 Kidei	r Name:		age:	Owner's P	Name:	
# 2 Rider Name:			age:	Address		
# 3 Rider Name:						
			Sex of Horse (c	rircle): Mar	re Gelding Pony	
		/]		
Class #	Rider #	Rider Name	ow begins-no refund Owner N		Fee Fee	
CIASS #	Muer #	Muer Name	Owner N	гее		
X				TOTAL FE	CES	
	· -			10111212		
CASH		CHECK	OPEN CHECK			
	release the I				Show Association and	
					injury, death or loss to me,	
	orses, or equ			v	,	
ŕ	•	-	i	4 li h l . 4	Com and indicate 40 on 41 o	
		· -		•	for an injury to or the	
U	•	-	00		erent risks of equine	
activitie	s pursuant	to the Revised S	Statutes of Missou	ıri.		
D'I C'	4			D. A.		
Kider Sig	gnature:			_ Date:		
Parent /	Guardian Si	gnature:		Date:		