## **2017 NC STATE FAIR HORSE SHOW DRAFT & LIGHT DRAFT**

MAKE CHECKS PAYABLE AND MAIL TO: **NC State Fair Horse Show** 1025 Blue Ridge Road, Raleigh, NC 27607 Phone (919) 839-4701 During Show Only (919) 839-4702

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ENTRIES CLOSE 9/18/17. Entries postmarked after 9/18/17	will be charged a \$25 penalty per horse. E	Entries received after 5:00 PM on 9/25/17	will be charged a \$30 penalty per horse.

ENTRIES CLOSE 9/10/17. Entries postiliarked after 9/10/17 will be charged a \$25 penalty per horse. Entries received after 5:00 PM on 9/25/17 will be charged a \$50 penalty per horse.											
OFFICE USE	HORSE NAME / TEAM	HANDLER / EXHIBITOR NAME	BREED	REGISTRATION NO.	CLASS NO.	CLASS NO.	CLASS NO.				
	PLEASE WRITE	Entry Fee Subtotal									
	departure all accounts must be settled and no animal will be p v office. There will be a \$25 charge on all returned checks.	# of Additional Parking Passesx \$15 (Exhibitors Only) Non returnable nor refundable									
	months of age stabled or on the grounds must have current (w e stall door or if showing out or the trailer, be available for insp	Late Penalty: # of Horses x \$25 If postmarked after 9/18/17									
may send with	any damage shall be occasioned, or loss occur, by fire or otherv n such horses, that I will make no claim therefore, and I further d for liquidated damages if the animal or any animals which I m	Late Penalty: # of Horses x \$30 If received after 5:00 p.m. on 9/25/17									
and further I a	igree to hold the NC State Fair Horse Show, its management, st t, that may be occasioned by the horse or horses exhibited by n IC State Fair Horse Show on demand, all damages it may suffer	# of Permanent Stallsx \$60									
	PERSON RESPONSIBLI	Grounds Fees: # of Horses x # of Days x \$25  (for non-stabled horses per day)									
Person to receive premium check, passes and correspondence. Must be 18 or older to sign. <b>MUST have Social Security number to issue check.</b> Name:  Signature (Mandatory):				Office Fees (Per Horse): \$20							
Address:	1	SS #:		Amount Enclosed <b>TOTAL</b>							
Cell Phone:	Em	ail:		(Signed open check or full payment required)		nent required)					
	HORSE OW		Arrival Date:	Depa	rture Date:						
Name:	Sig	nature:		Entries to be stabled together MUST be			be				
Address:		mailed in the same envelope.									
Cell Phone:	Em										
	TRAINE	OFFICE USE ONLY									
Name:	Sig	gnature:		Date Received:	Receipt #:						
Address:	<u>                                     </u>	Amount:	Check #:								
Cell Phone:	Em	ail:									

A SIGNED OPEN CHECK PAYABLE TO THE NC STATE FAIR HORSE SHOW MUST BE LEFT ON FILE IN SHOW OFFICE WHEN PICKING UP YOUR ENTRY PACKET. EVEN IF YOUR ACCOUNT IS PAID IN FULL AT THE TIME, YOU MUST STILL LEAVE AN OPEN CHECK FOR ANY ADDITIONAL CLASSES, BEDDING, ETC. WHEN YOU FINISH SHOWING, COME TO THE SHOW OFFICE TO OBTAIN YOUR GATE RELEASE. AT THAT TIME, IF NOTHING ELSE IS OWED ON YOUR ACCOUNT, YOU WILL BE GIVEN BACK YOUR OPEN CHECK.