



# NEW YORK STATE FAIR DRAFT HORSE SHOW

**\* ENTRIES ARE DUE  
AUGUST 1 2021 \***

New York State Fair Coliseum, Syracuse NY

**ONLY ONE OWNER TO EACH ENTRY BLANK - Please Print Use This Side For Performance Classes ONLY- Halter Classes On**

OFFICE USE ONLY	DRIVER	CLASSES										Youth's DOB	ENTRY FEES
	Driver #1												
	Driver #2												
	Driver #3												
	Driver #4												
	Driver #5												
	Driver #6												
	Driver #7												

Name of Driver eligible for Novice Reinsman Award:

Hitch Name:

**OWNER INFORMATION - PLEASE PRINT**

Owner's Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Social Security # \_\_\_\_\_ Email \_\_\_\_\_

TOTAL ENTRY FEES Halter/Hitch	
Hitch Box Stalls Only @ \$50.00	
Hitch Tack Stalls @ \$100.00	
Halter Box Stalls Only @ \$50.00	
Halter Tack Stalls @ \$50.00	
Processing Fee @ \$25.00 per entry	
Spectator Boxes: 6 Seats 9 Seats 12 Seats	
\$120.00 \$180.00 \$240.00	
Hitch Package @ \$1200 (Includes 8 horse, 2 Tack Stalls, Hitch Classes, Fees)	
<b>TOTAL AMOUNT ENCLOSED</b>	

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

TRAINER'S CELL \_\_\_\_\_

I certify that every horse 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 and Equine Productions and Marketing 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 \_\_\_\_\_

**ALL HEALTH PAPERS MUST ACCOMPANY HORSES.**

**EARLIEST ARRIVAL TIME:**

**After 1 P.M., Tuesday, August 31<sup>st</sup>**

**HITCHES ARRIVING TUESDAY**

**PLEASE TEXT LIZ FOR ARRIVAL TIMES**

**Please use the separate form to order RV parking.**

Name to appear on Box Seats (if purchased)

Stable With:

Owner's SS or Fed ID #

**Total # of Animals on this form:**   
**ENTRY & STALL FEES MUST ACCOMPANY THIS FORM**  
*All Premium Checks will be made payable to owner of horses.*

No Premium checks will be paid without owner's social security number.  
**Canadian Checks Must Be Marked: Payable in U.S. Funds**  
**MAKE CHECKS PAYABLE TO:**

**Equine Productions and Marketing**

**Return To: NYS FAIR DRAFT HORSE SHOW  
 BOX 455  
 FAYETTEVILLE, NY 13066**

**naomishorseshow@gmail.com**

**Prize money will only be distributed to those who provide a SS# or EIN#**