

2011 STATE FAIR OF VIRGINIA DRAFT HORSE AND MULE SHOW OCT. 5 & 6 (ENTRIES CLOSE SEPTEMBER 21)

EXH. NUMBER (office use only)	HORSE/TEAM NAME								BREED	REG. #	YR FOALED	SEX	
	OWNER								VDHMA Member? Y N	SIRE	DAM		
	EXHIBITOR/HANDLER								Exh Under 18? Y N	ADDRESS (IF DIFFERENT FROM OWNER)			
CLASS NUMBERS List to the right -->												ENTRY FEES: \$	

PLEASE LIST SINGLES, PAIRS, MULTIPLES SEPARATELY

EXH. NUMBER (office use only)	HORSE/TEAM NAME								BREED	REG. #	YR FOALED	SEX	
	OWNER								VDHMA Member? Y N	SIRE	DAM		
	EXHIBITOR/HANDLER								Exh Under 18? Y N	ADDRESS (IF DIFFERENT FROM OWNER)			
CLASS NUMBERS List to the right -->												ENTRY FEES: \$	

FOR ADDITIONAL HORSES/TEAMS MAKE COPIES

EXH. NUMBER (office use only)	HORSE/TEAM NAME								BREED	REG. #	YR FOALED	SEX	
	OWNER								VDHMA Member? Y N	SIRE	DAM		
	EXHIBITOR/HANDLER								Exh Under 18? Y N	ADDRESS (IF DIFFERENT FROM OWNER)			
CLASS NUMBERS List to the right -->												ENTRY FEES: \$	

ARRIVAL TIME//DATE	DEPARTURE TIME//DATE	STABLE WITH//LOCATION
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MAIL TO:
STATE FAIR OF VA. DRAFT HORSE & MULE SHOW
 c/o Kim Dame
 PO BOX 676
 Aylett, VA 23009
 Supt: 804/212-8449
 Email: kimbermullen@gmail.com

NUMBER OF: ___ HORSES ___ PONIES ___ MULES ___ DONKEYS

NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL: _____ COUNTY _____

SIGNATURE _____ SOC. SEC. OR TAX ID# _____

I hereby agree to abide by all rules in the prize list and hereby state that all information provided on entry blank is accurate

QTY.	AMT. \$		
TOTAL ENTRY FEES:			
\$ _____			
STALLS @ \$20:			
_____ \$ _____			
OR			
GROUNDS FEE@			
\$5/ANIMAL (no stall):			
_____ \$ _____			
EXHIBITOR SALE TICKETS:			
\$10 EACH (Available only in			
advance with entries,			
maximum of 4 per owner)			
_____ \$ _____			
<table border="1"> <tr> <td>TOTAL ENCLOSED</td> </tr> <tr> <td>\$</td> </tr> </table>		TOTAL ENCLOSED	\$
TOTAL ENCLOSED			
\$			
Make payable to			
State Fair of Va.			
Draft Horse and Mule Show			
(\$25 returned check fee)			
OFFICE USE ONLY			
DATE REC'D _____			
CHECK # _____			
AMOUNT _____			