

# SKOWHEGAN STATE FAIR

## 2025

### YOUTH HORSE SHOW ENTRY FORM

Please complete the following form for all entries in Youth Horse Show. Use a separate form for each person entering.

**All entries should be forwarded to:** Sherri Thornton ~ 16 Johnson Flat Rd. Burnham, ME 04922 ~ **Phone:** 341-7848

Entries **AFTER** Tuesday August 5 must be made on site DAY OF THE SHOW - **BEFORE 8:45 AM**

**EMAIL ENTRIES WILL BE ACCEPTED** - ForensicBoss2000@gmail.com

NAME: \_\_\_\_\_ FARM NAME: \_\_\_\_\_

NAME TO PRINT ON PREMIUM CHECK: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

HORSE'S NAME: \_\_\_\_\_

**THIS FORM MUST BE COMPLETE TO RECEIVE YOUR PREMIUMS.**

Please print clearly, this is the information to mail your premiums

**USE A SEPERATE FORM FOR EACH HORSE AND RIDER COMBINATION**

CIRCLE THE CLASSES YOU WISH TO ENTER:

1 2 3 3a 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22

23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43

I have read and understand the Rules and Regulations. (See Premium Book) In entering and participating of free will and will hold no one but myself responsible for any actions or accidents. I am aware and totally responsible for injury or damages causes by myself or my animals.

Exhibitor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or guardian (if exhibitor under 18): \_\_\_\_\_ Date: \_\_\_\_\_

#### OFFICE USE ONLY

NUMBER ASSIGNED	
STALL ASSIGNED	
COGGINS	
RABIES CERTIFICATE	
VACCINATIONS	
PROOF OF INSURANCE	
PARENT SIGNED ENTRY FORM IF UNDER 18	

**THIS FORM  
MAY BE  
DUPLICATED**