SEWARD COUNTY 5- STATE FAIR
<u>OPEN CLASS</u>
ENTRY FORM ONLY

Name_____ Phone _____

Address_____ Age (as of Jan 1st)_____

City, State & Zip Code _____

Please list entries in numerical order by department.

REQUIRED: Ear Tag or Tattoo
                      Horse Name per Event

Dept.	Division	Class	Description	
____	____	____	_____	_____
____	____	____	_____	_____
____	____	____	_____	_____
____	____	____	_____	_____
____	____	____	_____	_____
____	____	____	_____	_____
____	____	____	_____	_____
____	____	____	_____	_____
____	____	____	_____	_____
____	____	____	_____	_____
____	____	____	_____	_____
____	____	____	_____	_____
____	____	____	_____	_____
____	____	____	_____	_____
____	____	____	_____	_____
____	____	____	_____	_____
____	____	____	_____	_____
____	____	____	_____	_____

We verify that these entries are complete and accurate:

Exhibitor_____   Date _____