ENTRY FORM

Open Class Horse

Exhibitor # _____

Name _____ Farm/Ranch Name _____

Rt./Box _____City _____ State _____ Zip _____

Phone:_____ Cell Phone: _____

DIVISION	CLASS	LOT	AGE OF HORSE	HORSE NAME	DESCRIPTION AS LISTED IN FAIR BOOK

Horse exhibitor must send a copy of health papers (sleeping sickness, flu vaccination, tetanus **and proof of negative EIA (Coggins) test performed within 12 months of the show date**) with entry. Indicate number of stalls needed.

# of stalls _____

HORSE ENTRIES DUE ON OR BEFORE July 28, 2025

Mail to: Rooks County Free Fair
Box 505
Stockton, KS 67669
Fax: (785) 425-7179
E-mail: rcff@ruraltel.net