Exhibitor Number:\_\_\_\_\_\_\_\_\_\_

*(assigned upon receipt of the entry form*)

2021 Sandwich Fair Horse Pulling Entry Form

Contact: Patty Cragin Ph: 603 539 6386

*Entry Form Deadline: September 15th*

*(Please print)*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Farm Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN or EIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Fill out only those columns that apply to your event/show.
* The State of New Hampshire will be randomly appearing/selecting animals to test.
* Mail completed form to address below.
* Incomplete applications may forfeit premiums.
* Number of animals you plan to bring: \_\_\_\_\_\_\_\_
* Days at the fair? Friday Saturday Sunday Monday

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Dept.** | **Class** | **Lot** | **Sex** | **Name** | **Weight** | **Reg#** | **DOB** | **Tattoo #** |
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I read the rules and regulations governing Animal and Livestock Care Policy and have complied with the rules stated therein. \_\_\_\_\_\_ \_\_\_\_\_\_ /2021

 **Initial Date**