COLUMBIA COUNTY FAIR

Open Horse Show Entry Form

Dept. 05A

CONSULT DEPARTMENT FOR RULES OF ENTRY

DEPARTMENT ☐ **JUDGING #** ☐

Exhibitor's Name _____ Birthdate (if under 18) _____

Mailing Address _____ City _____ State ____ Zip _____

Phone No. _____

CLASS	RIDER	AGE	HORSE	ENTRY FEE
			TOTAL	

Make checks payable to Columbia County Fair. All premium checks must be cashed within **30 days** of issue.

Signature _____ Date _____ Entry Fees ☐