



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) with entry. Indicate number of stalls needed.

of stalls _____

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

HORSE ENTRIES DUE ON OR BEFORE July 31, 2023