

**Entry Request**  
**Illinois State Stock Horse Association**

Exhibitor Number:

Class #:  Class Name: \_\_\_\_\_

Horse Name: \_\_\_\_\_

Exhibitor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

Rider or Parent/Legal Guardian if Rider is under 18

\*Signing this Entry Request Acknowledges that the Illinois State Stock Horse Association and its individual members are not responsible for any personal or physical loss or injury, to the participants or their animals, that may result from participation in this event and all related activities.

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