

**ENTRY FEES AND STALL FEES  
MUST ACCOMPANY ENTRY BLANK**

**State Fair of West Virginia  
Inaugural Summer Series Show Entry Form**  
Lewisburg, West Virginia  
July 7-8, 2023

**Horse Show Office**  
(304) 667-9247  
horseshow@statefairfww.com  
John McCutcheon.....Show Manager  
Bobbie Jo Butcher.....Show Secretary

ALL HORSES MUST HAVE A CURRENT (12 MONTH) NEGATIVE COGGINS.  
OUT OF STATE HORSES MUST ALSO HAVE A HEALTH CERTIFICATE (WITHIN 30 DAYS).

DO NOT USE THIS SPACE	NAME OF HORSE CLASS NUMBER UNDER NAME	TOTAL ENTRY FEE	COLOR	SEX (M, S, G)	REG. NUMBER	RIDER & ADDRESS (If more than one rider, specifically rider and class—ADDRESS IF DIFFERENT FROM OWNER)	TRAINER NAME & ADDRESS	OWNER NAME & ADDRESS
								Name: _____ Street: _____ City: _____ State: _____ Zip: _____
Class #'s →								Name: _____ Street: _____ City: _____ State: _____ Zip: _____
								Name: _____ Street: _____ City: _____ State: _____ Zip: _____
Class #'s →								Name: _____ Street: _____ City: _____ State: _____ Zip: _____
								Name: _____ Street: _____ City: _____ State: _____ Zip: _____
Class #'s →								Name: _____ Street: _____ City: _____ State: _____ Zip: _____

**STALLS RESERVED MUST MATCH HORSES ENTERED ABOVE**

**IMPORTANT!!**

**Back Numbers** will be assigned. If you choose to use your own number, please remember it is 1 number per horse and check the office to see if it is already been used. Reverse side must be signed in **ALL** three places-**ADULT** signatures only. Parents or guardian must sign for minors. Current Negative Coggins & Health Papers are required for Out of State Horses. Winners will receive vouchers in the ring to apply to accounts. **Premium money will be mailed within 1 week of the fair.** Entries in the first 10 classes of each session must be **registered 1 hour prior to session start time** to avoid a late entry fee penalty (\$5.00)

**Email completed form to horseshow@statefairfww.com or mail to address below.  
Please call or text Bobbie Jo 304-667-9247 with questions or camping/stall reservation requests.**

Total Entry Fees		
No.	Description	Fees
_____	Stall	@\$60 _____
_____	Line Class Entry (\$40+\$5 DQP)	@\$45 _____
_____	Championship Class(\$75+\$5DQP)	@\$80 _____
_____	Shavings (per bag)	@\$ 8 _____
_____	Camping (per weekend)	@\$50 _____
_____	Cars/Trucks/Golf/UTV (each)	@\$10 _____
_____	Grounds Fee (per horse)	@\$ 5 _____
_____	Gate Entry (per person 6-&-over)	@\$ 5 _____

**OR**

_____	One Flat Horse Pass @ \$150 (1 stall, 1 bag shavings, all entry & Inspection fees for that horse)	_____
_____	One Flat Equipment Pass @ \$ 50 (1 camping permit, up to 3 car/truck/utv/ Golf cart permits)	_____

**Total Amount Due** \_\_\_\_\_

**Open check policy after 7/7/2023**



An open check must be presented with entry form and left on file. ALL accounts must be paid in full before leaving the fairgrounds.



**PERSON RESPONSIBLE FOR THIS ENTRY & TO RECEIVE PREMIUM CHECK**

(Must complete separate entry blank for each agent)

Print Name: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

SS#: \_\_\_\_\_

**Premium money will be mailed within 1 week of the show and may not be paid if social security information is not provided.**

**CHECKS TO COVER ALL FEES MUST ACCOMPANY ENTRIES**

**Make checks payable to:  
STATE FAIR OF WEST VIRGINIA  
Mail complete entry forms & fees to:  
Horse Show Summer Series  
State Fair of West Virginia  
PO Drawer 986  
Lewisburg, WV 24901  
Or email horseshow@statefairfww.com**

**\*\*FOR EMERGENCIES ONLY (ALL ENTRIES)\*\***

I will be staying at the \_\_\_\_\_ Motel

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Office Use Only:**

Check # \_\_\_\_\_ Name: \_\_\_\_\_

Amount received: \_\_\_\_\_ Date received: \_\_\_\_\_

# Gate Tickets: \_\_\_\_\_ Golf Cart Permit: \_\_\_\_\_

# Camper Permits: \_\_\_\_\_ # Bags of Shavings: \_\_\_\_\_

# Ship-in passes \_\_\_\_\_ # Parking Permits: \_\_\_\_\_

STATE FAIR OF WEST VIRGINIA HORSE SHOW

July 7-8, 2023

I AGREE NEITHER THE STATE FAIR OF W.V., THE STATE FAIR OF W.V. HORSE SHOW, NOR THE OFFICIALS OF THE SHOW WILL BE RESPONSIBLE FOR ANY ACCIDENT, DAMAGE, LOSS OR INJURY TO MOUNT, OWNER, EXHIBITOR, TRAINER OR OTHER PERSONS OR PROPERTY. IT WILL BE THE CONDITION OF ENTRY THAT EACH EXHIBITOR SHALL HOLD THE HORSE SHOW AND IT'S MANAGEMENT BLAMELESS FOR ANY LOSS OR ACCIDENT TO ANY ANIMAL, PERSON, OR PROPERTY THAT MAY OCCUR FROM SICKNESS, FIRE AND OTHERWISE AT THIS SHOW. I FULLY UNDERSTAND THE INHERENT RISK OF EQUINE ACTIVITIES.

I further agree that if any damage shall be occasioned or loss occur, by fire or otherwise to the horses exhibited, or to any vehicle or other article that I may send with such horses that I will make no negligence claim nor will the persons in charge of such horses make any such negligence claim and I agree to repay this show on demand, all damages it may sustain by reason of any claim or demand aforesaid.

State Fair of West Virginia Entry Agreement

I have read the State Fair of W.V. Entry Agreement as printed in the Prize List or this Competition and agree to all of its provisions. I understand and agree that by entering this Competition, I am subject to the rules in the prize list and local rules of the competition.

State Fair of West Virginia Release, Assumption of Risk, Waiver, and Identification

This document waives important legal rights. Read it carefully before signing.

I AGREE in consideration for my participation in this Competition, State Fair of West Virginia Horse Show, to the following:

I AGREE that I choose to participate voluntarily in this Competition with my horse, as a rider, driver, handler, longueur, lessor, owner, agent, coach, trainer, or as a parent or guardian of a junior exhibitor. I am fully aware and acknowledge that horse sports and the Competition involve inherent dangerous risks of accident, loss and serious bodily injury including, but not limited to, broken bones, head injuries, trauma, pain, suffering, or death ("Harm").

I AGREE to release the State Fair of W.V. and the Competition from all claims for money damages or otherwise for any Harm to me or my horse and for any Harm caused by me or my horse to others, even if the Harm resulted, directly or indirectly, from the negligence of the State Fair of West Virginia or the Competition or the management, official or the employees.

I AGREE to assume all risks of Harm to me or my horse, including Harm resulting from the negligence of the State Fair of WV or Competition.

I AGREE to indemnify (this is, to pay any losses, damages, or costs incurred by) the State Fair of WV and the Competition and to hold them harmless with respect to claims for Harm to me or my horse, and for claims made by others for any Harm caused by me or my horse at the show. If I am a parent or guardian of a junior exhibitor, I consent to the child's participation and AGREE to assume all of the obligations of this Release on the child's behalf. I further agree that my child's trainer may sign as the agent/guardian for my child at this Competition.

I AGREE that the State Fair of W.V. and Competition as used above includes all of their officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations.

I REPRESENT that I have the requisite training, coaching and abilities to safely compete in this competition.

**BY SIGNING BELOW, I AGREE** to be bound by all applicable State Fair of West Virginia rules and all terms and provisions of this entry blank and the prize list.

\*\*\*\*\*ALL SIGNATURES MUST BE ADULTS\*\*\*\*\*

X \_\_\_\_\_ Date \_\_\_\_\_

Rider, Driver, Handler, or Agent Signature

Print Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ - \_\_\_\_\_

X \_\_\_\_\_ Date \_\_\_\_\_

Trainer or Agent Signature

Print Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ - \_\_\_\_\_

X \_\_\_\_\_ Date \_\_\_\_\_

Owner or Agent Signature

Print Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ - \_\_\_\_\_