

STALL FORM

Horse Name	Saturday To Sunday <small>(showing Sunday)</small> \$10	Sunday To Monday \$10	4-H <small>(no Charge)</small> Monday To Tuesday \$10	4-H <small>(no Charge)</small> Tuesday To Wednesday \$10	Wednesday To Thursday \$10	Thursday To Friday \$10	Friday To Saturday \$10

Delaware County 4-H Horse Club Members: All 4-H horses and ponies are to leave the grounds immediately after the 4-H Horse Show is over, or by 7:00 p.m., whichever is earlier, unless they are to participate in the Open Show **AND HAVE PAID A STALL FEE IN ADVANCE AND CAMPER FEES. ACCOMMODATIONS ARE ON A FIRST RECEIVED BASIS.** (each paid entry will be numbered as received) **Payment for stalls MUST accompany this form.**

Name: _____ Phone #: _____

Address: _____ City: _____

State: _____ Zip: _____

4-H Club: _____

Checks Payable to: **DVAS**

Mail to: **Lisa Burdick, 2068 County Highway 33, Bloomville, NY 13739**

Total No. of Horses: _____ Total Stalls: _____ @ \$10 per day = \$ _____

Special Needs/requests:

Please Make Checks Payable to: **DVAS**

NOTE: Coggins and Rabies **DO NOT** need to be submitted with entries. Please have them with you when you arrive on the fairgrounds.

DELAWARE COUNTY FIAR OPEN HORSE SHOW

AUGUST 10, 14, 15, 16, 2024

One entry per horse

Entries must be postmarked by July 25, 2025 for discounted entry fees.

Name of horse: _____

Name of rider: _____ DOB: _____

(18 & under only)

Class Numbers: (\$7 pre-entry - \$9 – post-entry)

Red/Blue classes: (\$5 each)

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Stakes, \$ added and Cowboy Challenge classes

Open Pleasure Driving Stakes	Open Hunter Pleasure Stakes	Open Western Pleasure Stakes	Cowboy Challenge	Dash for Cash	\$250 added Poles	\$500 added Barrels
\$10 pre \$12 post	\$10 pre \$12 post	\$15	\$20	\$10	\$15	\$25

The undersigned promises to exhibit at the Delaware County Fair, the horses named, and do hereby certify that said hereinafter mentioned horses, proposed to be exhibited, are hereby entered for exhibition in accordance with the Rules and Regulations contained in the Delaware Valley Agricultural Society prize list, by which the undersigned hereby agrees to be governed in exhibiting the same.

Rider's Signature (or guardian) _____

Phone Number _____

Street Address _____

City _____

State _____

Zip _____

Total Stall Fees	# of stalls X \$10 X # of days	
Total Camper Fees	# of campers X \$15 X # of days	
Total Tent Fees	# of tents X \$5 X # of days	
Total Entry Fees		
Non-refundable office fee	per horse/rider combo	\$8.00
	TOTAL	

Please Make Checks Payable to: **DVAS**

MAIL THIS FORM AND PAYMENT TO: Lisa Burdick, 2068 County Highway 33, Bloomville, NY 13739