



OKLAHOMA STATE FAIR
 (Div 2125 or 2126)
Draft, Pleasure Draft, and Gypsy
Horse Show Entry Form
 September 12-15, 2019

Mail to: Attn: Horse Show Dept. /PO Box 74943 / Oklahoma City OK 73147
 For more information contact Marc Pankow at 405-948-6735 (or) email: mpankow@okstatefair.com
Entries submitted after 8-15-2019 require additional late fees (Exception: NASHHCS 6 Horse Hitch exhibitors qualifying after 8/15). You may duplicate this entry form. Div. A: one owner (farm) per form. All other divisions: one horse/same owner per form.

OSF Office use only:
 Exhibitor ID # _____
 Date rec'd: _____
 Amnt rec'd: \$ _____
 Name of payee: _____
 Receipt# _____
 Back tag # _____
 Stall location: _____

PRINT CLEARLY OR TYPE: (OSF will not be responsible for illegible, false or unintended information provided herein. Provide ALL information requested.)

(A) RECORDED OWNER: _____
 Owner's mailing address: _____
 Owner's city, state, zip: _____
 Owner's telephone #: (_____) _____ Email address: _____
 Owner's Social Security #: _____ or Fed Tax ID # _____

(B) Trainer/Agent: _____
 Mailing address: _____
 City, State, Zip: _____
 Telephone #: (_____) _____ Email address: _____

(C) Handler/Driver/Exhibitor: Name: _____
 Address w/city, state, zip: _____
 Relationship to owner: _____ DOB if youth: _____

(D) Handler/Driver/Exhibitor: Name: _____
 Address w/city, state, zip: _____
 Relationship to owner: _____ DOB if youth: _____

(If there are more than above four (4) handlers/drivers/exhibitors for this horse/this farm, complete and attach an additional entry form and clearly indicate therein ADDITIONAL RIDER/HANDER (E) (F) (G) (etc.))

Division A ONLY: Indicate: _____ should receive any premiums/prize money = "Payee." MUST provide Social Security # if different than owner AND must provide completed W-9 form with entry.

NAME of single horse (or) (example): "Entry of xxxxxx Farm/Stable": _____
 If applicable: Breed/Regis.# _____ Circle one gender: S M G Color: _____ DOB: _____

NEATLY INDICATE class # and circle one letter for pertinent Exhibitor from list above for each class:

Class number: _____ Exhibitor(above) A B C D	Class number: _____ Exhibitor(above): A B C D
Class number: _____ Exhibitor(above) A B C D	Class number: _____ Exhibitor(above): A B C D
Class number: _____ Exhibitor(above) A B C D	Class number: _____ Exhibitor(above): A B C D
Class number: _____ Exhibitor(above) A B C D	Class number: _____ Exhibitor(above): A B C D

To enter more than 8 classes w/this horse/farm, complete and attach an additional entry form and clearly indicate name of horse/farm and "ADDITIONAL CLASS ENTRIES."

FEES: Processing fee: (1x per ownership entity) (Includes 1 parking pass & office fee.)	\$15.00
Stalls (horse or tack) \$60.00 each	_____ x \$60.00 = \$ _____
Draft Div. A: Youth ONLY class entry fee: \$15.00 each	_____ x \$15.00 = \$ _____
Draft Div. A: Open class entry fee (each) (unless otherwise indicated below): \$25.00 each	_____ x \$25.00 = \$ _____
Draft Div. A: 4 Horse Hitch classes #16, #79, #86 or #116: \$55.00 each	_____ x \$55.00 = \$ _____
Draft Div. A: Oklahoma State Fair Open Six Horse Hitch classes #20, 21 & 22: \$100	_____ x \$100.00 = \$ _____
Div. B & C: Class Entry Fees: (all classes unless otherwise noted): \$12.50 each	_____ x \$12.00 = \$ _____
LATE FEES: Received by OSF between 8-16-2019 & 9-1-2019: \$25.00 per horse/hitch + \$10.00 per class:	\$ _____

POST ENTRY FEES: Received by OSF between 9-2-2019 and 4 p.m. on day prior to first class:
\$50.00 per horse/hitch + \$10.00 per class. \$ _____

(Make sure to review IMPORTANT information in Competition Guide with regard to Fair admission)

Exhibitor's ticket bundle (a bundle = 4 single day admission tickets)	_____ x \$24.00 = \$ _____
Additional Adult single day ticket \$8.00/Each (Purchased prior to 9-1-2019)	_____ x \$ 8.00 = \$ _____
Additional Child single day ticket \$4.00/Each (Purchased prior to 9-1-2019)	_____ x \$ 4.00 = \$ _____
Season Pass (Purchased prior to 9-1-2019)	_____ x \$25.00 = \$ _____
Additional Parking Pass (limited to 1 per ownership entity purchased by 9-1-2019)	_____ x \$15.00 = \$ _____

Stable with: _____ (To ensure stabling in proximity to this stable/group it is necessary that ALL entries be submitted to OSF in one envelope. No guarantees.)
 Continued next page: Both pages must be completed and submitted to OSF in entirety. Incomplete entries subject to late fees/cancellation.

Printed name of Exhibitor as entered: _____

2019 Oklahoma State Fair Liability Waiver: **MUST BE COMPLETED BY ALL EXHIBITORS/HANDLERS**

In completing and submitting this form, the undersigned hereby releases, discharges and agrees to indemnify Oklahoma State Fair, Inc., the City of Oklahoma City, and the City of Oklahoma City Public Property Authority (and all of their officers, directors, members, managers, agents, representatives and employees) ("Indemnified Parties") from any and all losses or expenses of any kind, civil penalties, crimes, and causes of actions (including cost for defense, settlement and attorney fees) arising from or related to (1) death or bodily injury to any person, (2) destruction, damage, loss of theft of any property, (3) any violation of any law or (4) any other claim, cause of action, damage or expense, which results from or arises out of any act or failure to act, claim, demand or action arising from or by reason of personal injury that may occur to any associated individual(s) or animal(s) or properties entered or attending this Event being held at State Fair Park, whether caused by the actual or passive negligence of the Releasees, while the undersigned is at State Fair Park and/or competing, observing, working in, or for any purposes participating at the Oklahoma State Fair. The undersigned has read and voluntarily signs this Release and waiver of liability and indemnity agreement. If under eighteen (18) years of age, signature of individual and parent or authorized guardian is required. The undersigned are aware of and understand Oklahoma Statutes, Section 50 of Title 76 pertaining to the Oklahoma Livestock Liability Limitations Act. The person submitting this, along with any entry, therein agrees to accept authority to act as agent for actual and/or recorded owner(s) of any/all animal(s) being entered, if applicable, and, in doing so, indicates acceptance of all rules, regulations, liability limitations for all individuals so named as owner, trainer, agent, exhibitor, rider, handler, groom, guest and/or showman. The person submitting this form accepts responsibility and verifies accuracy of all information provided herein.

This release and waiver shall be governed by and construed in accordance with the laws of the State of Oklahoma.

The undersigned has read this Release and fully understands and voluntarily agrees to all of the terms and conditions set forth herein.

Signature: _____ Date: _____

Printed name of above: _____

Signature: _____ Date: _____

Printed name of above: _____

Signature: _____ Date: _____

Printed name of above: _____

Name of Youth under 18: _____

I certify and represent that I am the guardian or parent of the named party above, and on his or her, and my own behalf, have read this release and fully understand and voluntarily agree to all of the terms and conditions set forth herein.

Signature of Parent/Guardian of any youth above: _____

Printed name of above: _____

Date: _____

**Request for Taxpayer
 Identification Number and Certification**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give Form to the
 requester. Do not
 send to the IRS.**

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor or single-member LLC

C Corporation

S Corporation

Partnership

Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

6 City, state, and ZIP code

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

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or

Employer identification number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ▶ _____ Date ▶ _____

The W-9 must be completed in entirety and returned with entries for ALL DIVISION A (DRAFT HORSE SHOW) EXHIBITORS. Must be received in the Horse Show office no later than 9-15-2019. OSF WILL NOT BE RESPONSIBLE FOR INCOMPLETE OR UNRECEIVED W-9s. Premiums will NOT be processed nor distributed without complete and legible W-9. PRINT NAME OF EXHIBITOR AS ENTERED: