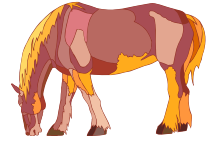




2011 HORSE ENTRY BLANK



BEFORE MAKING ENTRIES READ ALL RULES AND REGULATIONS IN THE GENERAL RULES AND REGULATIONS SECTION AT WWW.WISTATEFAIR.COM

ENTRY OFFICE PHONE: 414.266.7052 (After June 14, 2011)
AGRICULTURE DEPARTMENT: 414.266.7051

RETURN ALL 3 FORMS TO: Entry Office, Wisconsin State Fair Park, 640 S 84th St, West Allis, WI 53214.

Entry Deadline: Postmarked June 16, 2011

ENTRIES WILL NOT BE ACCEPTED WITHOUT A W-9 (US Resident) or W-8 (Canadian Resident) AND PROPER FEES!

FILL IN ALL INFORMATION BELOW

Person listed below will be responsible for tax reporting purposes and must match person/information on W-9.

____/____/____ BREED _____
DATE

NAME (PLEASE PRINT) _____

STREET OR ROUTE NUMBER IN FULL _____

CITY STATE ZIP CODE _____

LIVESTOCK PREMISE ID# _____

COUNTY IN WHICH YOU RESIDE _____

PHONE NUMBER (include area code) _____

EMAIL ADDRESS (Optional) – By providing an email address Wisconsin State Fair will email you rule updates and Fair information. _____

Signature of owner – I acknowledge I have read all rules, regulations and conditions as stated in the General rules and regulations on www.wistatefair.com as well as the rules, regulations and conditions for this department. My signature implies acceptance of these rules, regulations and conditions and I will abide by said rules, regulations and conditions.

Out of State Exhibitors Only:

Local Newspaper Name _____

Email _____

DO NOT FILL IN THIS SPACE

POST MARKED _____ W-9 Y N

EXHIBITOR'S NO. _____

CHECK NO. _____

TICKETS _____

ENTERED BY _____ DATE _____

FEES

TOTAL HITCH FEES _____

TOTAL LATE FEES _____
(entries after June 16, 2011)

TOTAL ANIMAL FEES _____

TOTAL ADMISSION FEES _____

TOTAL PARKING FEES _____

TOTAL AMOUNT ENCLOSED _____

PAYMENT INFORMATION

Check # _____ Amount \$ _____

Money Order # _____ Amount \$ _____

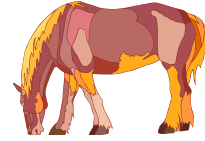
ADMISSION AND ENTRY FEES ARE NON-REFUNDABLE.

MAKE CHECKS PAYABLE TO WISCONSIN STATE FAIR.

DO NOT SEND CASH!

Name _____

2011 HORSE ENTRY BLANK



HITCH FEES

Class	No.	Entry Fee	Amount
ALL BREEDS			
Team Class	_____	\$10 ea.	\$ _____
Mare Team	_____	\$10 ea.	\$ _____
Junior Team	_____	\$10 ea.	\$ _____
Ladies Team	_____	\$10 ea.	\$ _____
Mare Unicorn	_____	\$15 ea.	\$ _____
Unicorn	_____	\$15 ea.	\$ _____
Mare 4-Horse Hitch	_____	\$20 ea.	\$ _____
4-Horse Hitch	_____	\$20 ea.	\$ _____
6-Horse Hitch	_____	\$30 ea.	\$ _____
Men's Cart	_____	\$5 ea.	\$ _____
Ladies Cart	_____	\$5 ea.	\$ _____
Mare Cart	_____	\$5 ea.	\$ _____

BELGIAN/PERCHERON ONLY

Mare 6-Horse Hitch _____ \$30 ea. \$ _____

CLYDESDALES ONLY

8-Horse Hitch _____ \$30 ea. \$ _____

Futurity Cart _____ \$0 ea. \$ _____

Riding Class _____ \$5 ea. \$ _____

YOUTH FEES

Youth Classes _____ \$5 ea. \$ _____

LATE FEES

Any halter class (entered after June 16) _____ \$25 ea. \$ _____

Any hitch class (entered after June 16) _____ \$25 + original entry fee ea. \$ _____

ANIMAL FEES

NO.			AMOUNT
_____	Draft Horse (per horse)	X	\$10.00 Ea. _____
_____	Draft Horse Stall (slip stall)	X	\$15.00 Ea. _____
_____	Draft Horse Stall (box stall)	X	\$30.00 Ea. _____

ADVANCE ADMISSION FEES (May 1 – June 30)

All exhibitors must have valid admission to enter the Fair Park August 4 – 14.
Admission fees do not include vehicle parking!

One-Day admission ticket \$4 ea. X _____ = _____
Children 5 and under are free

Agriculture Adult admission tickets purchased **after** June 30th through the Entry Office are \$7 each. Youth admission tickets (6 to 11) purchased after June 30th are \$5 each. Adult admission tickets purchased at the Gates during the Fair are \$9 each.

PARKING FEES

Ag Vehicle Season Parking Sticker (single vehicle – cars/trucks ONLY)
Sticker allows access to on-site reserved agricultural parking area.
\$25 ea. X _____ = _____

On-site Vehicle parking is \$10 per visit and cannot be purchased in advance.

Off-Site Trailer Parking - All trailers **MUST** be parked offsite. A **Free** WSF off-site trailer parking lot will be available and assigned upon arrival. Please list the number and size of trailer(s) you plan on parking at the **Free** WSF designated off-site lot.
of trailer(s) _____ Size of trailer(s) _____

No tickets will be sold by mail after June 30th.

ENTER ALL JUNIOR INFORMATION ON NEXT PAGE

Name _____



2011 HORSE ENTRY BLANK

YOUTH ENTRIES	
Check each class entered with an X. Fill out one box for EACH Junior Exhibitor.	
Junior Exhibitor Name: _____	
Class	Description
	Junior Showmanship 10 – 14 <input type="checkbox"/>
	Senior Showmanship 15 – 17 <input type="checkbox"/>
	Youth Decorating <input type="checkbox"/>
	Youth Judging <input type="checkbox"/>
	Junior Driver Cart <input type="checkbox"/>
	Junior Driver Team <input type="checkbox"/>

YOUTH ENTRIES	
Check each class entered with an X. Fill out one box for EACH Junior Exhibitor.	
Junior Exhibitor Name: _____	
Class	Description
	Junior Showmanship 10 – 14 <input type="checkbox"/>
	Senior Showmanship 15 – 17 <input type="checkbox"/>
	Youth Decorating <input type="checkbox"/>
	Youth Judging <input type="checkbox"/>
	Junior Driver Cart <input type="checkbox"/>
	Junior Driver Team <input type="checkbox"/>

YOUTH ENTRIES	
Check each class entered with an X. Fill out one box for EACH Junior Exhibitor.	
Junior Exhibitor Name: _____	
Class	Description
	Junior Showmanship 10 – 14 <input type="checkbox"/>
	Senior Showmanship 15 – 17 <input type="checkbox"/>
	Youth Decorating <input type="checkbox"/>
	Youth Judging <input type="checkbox"/>
	Junior Driver Cart <input type="checkbox"/>
	Junior Driver Team <input type="checkbox"/>

YOUTH ENTRIES	
Check each class entered with an X. Fill out one box for EACH Junior Exhibitor.	
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Class	Description
	Junior Showmanship 10 – 14 <input type="checkbox"/>
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	Youth Decorating <input type="checkbox"/>
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	Junior Driver Cart <input type="checkbox"/>
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	Youth Judging <input type="checkbox"/>
	Junior Driver Cart <input type="checkbox"/>
	Junior Driver Team <input type="checkbox"/>

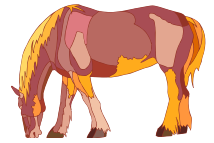


Name _____

2011 HORSE REGISTRATION FORM

HALTER CLASSES ONLY

NOTE: Do NOT enter any champion or reserve champion classes



Division _____ Class _____ Date of Birth _____ Tattoo _____
Name of Animal _____ Sex _____
Registration # _____ Breeder _____
Sire _____ Sire Reg# _____ Dam _____ Dam Reg# _____
Owner _____

Division _____ Class _____ Date of Birth _____ Tattoo _____
Name of Animal _____ Sex _____
Registration # _____ Breeder _____
Sire _____ Sire Reg# _____ Dam _____ Dam Reg# _____
Owner _____

Division _____ Class _____ Date of Birth _____ Tattoo _____
Name of Animal _____ Sex _____
Registration # _____ Breeder _____
Sire _____ Sire Reg# _____ Dam _____ Dam Reg# _____
Owner _____

Division _____ Class _____ Date of Birth _____ Tattoo _____
Name of Animal _____ Sex _____
Registration # _____ Breeder _____
Sire _____ Sire Reg# _____ Dam _____ Dam Reg# _____
Owner _____

Division _____ Class _____ Date of Birth _____ Tattoo _____
Name of Animal _____ Sex _____
Registration # _____ Breeder _____
Sire _____ Sire Reg# _____ Dam _____ Dam Reg# _____
Owner _____

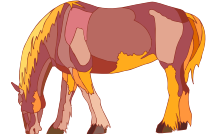


Name _____

2011 HORSE REGISTRATION FORM

HALTER CLASSES ONLY

NOTE: Do NOT enter any champion or reserve champion classes



Division _____ Class _____ Date of Birth _____ Tattoo _____

Name of Animal _____ Sex _____

Registration # _____ Breeder _____

Sire _____ Sire Reg# _____ Dam _____ Dam Reg# _____

Owner _____

Division _____ Class _____ Date of Birth _____ Tattoo _____

Name of Animal _____ Sex _____

Registration # _____ Breeder _____

Sire _____ Sire Reg# _____ Dam _____ Dam Reg# _____

Owner _____

Division _____ Class _____ Date of Birth _____ Tattoo _____

Name of Animal _____ Sex _____

Registration # _____ Breeder _____

Sire _____ Sire Reg# _____ Dam _____ Dam Reg# _____

Owner _____

Division _____ Class _____ Date of Birth _____ Tattoo _____

Name of Animal _____ Sex _____

Registration # _____ Breeder _____

Sire _____ Sire Reg# _____ Dam _____ Dam Reg# _____

Owner _____

Division _____ Class _____ Date of Birth _____ Tattoo _____

Name of Animal _____ Sex _____

Registration # _____ Breeder _____

Sire _____ Sire Reg# _____ Dam _____ Dam Reg# _____

Owner _____

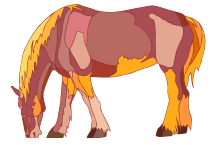


Name _____

2011 HORSE REGISTRATION FORM

HALTER CLASSES ONLY

NOTE: Do NOT enter any champion or reserve champion classes



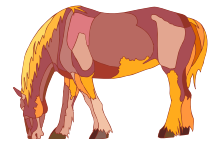
Division _____ Class _____ Date of Birth _____ Tattoo _____
 Name of Animal _____ Sex _____
 Registration # _____ Breeder _____
 Sire _____ Sire Reg# _____ Dam _____ Dam Reg# _____
 Owner _____

Division _____ Class _____ Date of Birth _____ Tattoo _____
 Name of Animal _____ Sex _____
 Registration # _____ Breeder _____
 Sire _____ Sire Reg# _____ Dam _____ Dam Reg# _____
 Owner _____

GROUP CLASSES ONLY

Division _____ Class _____
 Sire Name _____ Dam Name _____
 Division _____ Class _____
 Sire Name _____ Dam Name _____
 Division _____ Class _____
 Sire Name _____ Dam Name _____

Division _____ Class _____
 Sire Name _____ Dam Name _____
 Division _____ Class _____
 Sire Name _____ Dam Name _____
 Division _____ Class _____
 Sire Name _____ Dam Name _____



2011 HORSE W-9 FORM (US Resident)

Form W-(9) (rev. Jan. 2003) Department of the Treasury Internal Revenue Service	Request for Taxpayer Identification Number and Certification Wisconsin State Fair is required to file an information return with the IRS and must have your correct tax ID number to report payments paid to you. Person/information listed on W-9 MUST match person/information on entry form. This information will be used for tax reporting purposes.	Give form to the requester. DO NOT send to the IRS.																				
Name of exhibitor on entry form																						
Business name, if different from above																						
Check appropriate box: <input type="checkbox"/> Individual/Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other																						
Address (number, street, and apt. or suite no. of exhibitor on entry form)		Requester's name and address (optional)																				
City, state and ZIP code of exhibitor on entry form																						
Part I Taxpayer Identification Number (TIN)																						
Enter your TIN in the appropriate box. For individuals, this your social security number (SSN). However, for a resident alien, sole proprietorship or disregarded entity, see the instructions. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN in the instructions.* Note: If the account is in more than one name, see the chart in instructions* for guidelines on whole number to enter.	Social security number <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> (S.S.# must be of the above named exhibitor - NOT a parent)																					List account number(s) here (optional)
OR	Employer identification number <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>																					Check here if exempt from backup withholding <input type="checkbox"/>
Part II Certification																						
Under penalties of perjury, I certify that:																						
<ol style="list-style-type: none"> 1. 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 2. 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 3. I am a U.S. person (including a U.S. resident alien). 																						
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 instruction.*)																						
Sign Here	Signature (exhibitor) on entry form whose TIN appears above of U.S. person ▶	Date ▶																				

*Additional instructions for completing this form may be found at the official Internal Revenue website at:
<http://www.irs.ustreas.gov/formspubs/index.html>

REQUIRED
Each Open Show Exhibitor must complete an IRS W-9 form and return it with entry. Entries will NOT be processed without a completed W-9.

HORSE W-8 FORM (Canadian Resident)

Form W-8BEN

(rev. February 2006)

Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ **Section references are to the Internal Revenue Code.** ▶ **See separate instructions.**
▶ **Give this form to the withholding agent or payer. DO not send to the IRS.**

OMB No. 1545-1621

Do not use this form for:

- A U.S. citizen or other U.S. person, including a resident alien individual.....W-9
 - A person claiming that income is effectively connected with the conduct of a trade or business in the United States.....W-8ECI
 - A foreign partnership, a foreign simple trust, or a foreign grantor trust (see instructions for exceptions).....W-8ECI or W-8IMY
 - A foreign government, international organization, foreign central bank of issue, foreign tax-exempt organization, foreign private foundation, or government of a U.S. possession that received effectively connected income or that is claiming the applicability of section(s) 115(2), 501©, 892, 895, or 1443(b) (see instructions).....W-8ECI or W-8EXP
- Note:** These entities should use Form W-8BEN if they are claiming treaty benefits or are providing the form only to claim they are a foreign person exempt from backup withholding.
- A person acting as an intermediary.....W-8IMY

Instead, use Form:

Note: See instructions for additional exceptions.

Part I Identification of Beneficial Owner (See Instructions)

1 Name of individual or organization that is the beneficial owner	2 Country of incorporation or organization
3 Type of beneficial owner: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Disregarded entity <input type="checkbox"/> Partnership <input type="checkbox"/> Simple trust <input type="checkbox"/> Grantor Trust <input type="checkbox"/> Complex trust <input type="checkbox"/> Estate <input type="checkbox"/> Government <input type="checkbox"/> International organization <input type="checkbox"/> Central bank of issue <input type="checkbox"/> Tax-exempt organization <input type="checkbox"/> Private foundation	
4 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care of address.	
City or town, state or province. Include postal code where appropriate	Country (do not abbreviate)
5 Mailing address (if different from above)	
City or town, state or province. Include postal code where appropriate	Country (do not abbreviate)
6 U.S. taxpayer identification number, if required (see instructions) <input type="checkbox"/> SSN or ITIN <input type="checkbox"/> EIN	7 Foreign tax identifying number, if any (optional)
8 Reference number(s) (see instructions)	

Part II Claim of Tax Treaty Benefits (if applicable)

9 I certify that (check all that apply):

a The beneficial owner is a resident ofwithin the meaning of the income tax treaty between the United States and that country.

b If required, the U.S. taxpayer identification number is stated on line 6 (see instructions).

c The beneficial owner is not an individual, derives the item (or items) of income for which the treaty benefits are claimed, and, if applicable, meets the requirements of the treaty provision dealing with limitation on benefits (see instructions).

d The beneficial owner is not an individual, is claiming treaty benefits for dividends received from a foreign corporation or interest from a U.S. trade or business of a foreign corporation, and meets qualified resident status (see instructions).

e The beneficial owner is related to the person obligated to pay the income within the meaning of section 267(b) or 707(b), and will file Form 8833 if the amount subject to withholding received during a calendar year exceeds, in the aggregate, \$500,000.

10 Special rates and conditions (if applicable – see instructions): The beneficial owner is claiming the provisions of Article..... of the treaty identified on line 9a above to claim a % rate of withholding on (specify type of income):.....
 Explain the reasons the beneficial owner meets the terms of the treaty article:.....

Part III Notional Principal Contracts

11 I have provided or will provide a statement that identifies those notional principal contracts from which the income is not effectively connected with the conduct of a trade or business in the United States. I agree to update this statement as required.

Part IV Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I Further certify under penalties of perjury that:

1 I am the beneficial owner (or am authorized to sign for the beneficial owner) of all the income to which this form relates.

2 The beneficial owner is not a U.S. person

3 The income to which this form relates is (a) not effectively connected with the conduct of a trade or business in the United States, (b) effectively connected but is not subject to tax under an income tax treaty, or © the partner's share of a partnership's effectively connected income, and

4 For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner.

Sign Here
 Signature of beneficial owner (or individual authorize to sign for beneficial owner) Date (MM-DD-YYYY) Capacity in which acting