Exhibitors Name: _____

Breed: _____

# of animals: _____
# of colts: _____

Please be sure to pick up and pay for passes prior to:

June 23, 2017

We really appreciate your cooperation.

THANK YOU.

SWIFT CURRENT AGRICULTURAL & EXHIBITION ASSOCIATION

P.O. Box 146, Swift Current, SK S9H 3V5

Phone: 306-773-2944 Fax: 306-773-7015

Website: www.swiftcurrentex.com

HEAVY HORSE COMPETITION -

Saskatchewan Draft Horse Association

NOTE: A negative Coggins test is required for ALL horses. A copy must be sent in with this entry form, and originals will be checked prior to unloading.

FOR OFFICE USE ONLY

Entry Fees: $_____

Stalling: $ _____

Passes: $_____

Camping: $_____

Total: $_____

Rec No.: _____

Classes Entered	Animal's Name	Reg. #	Birthdate (DD/MM/YYYY)	Entry Fee ($5.00 per horse per event)
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
			TOTAL FEES:	**$**

Grounds Admission Child Under 10 Free

Please be sure to pick up and pay for passes prior to: June 23rd, 2017.

Passes	Number	Price	Total
Single Day Pass		@$5.00	$
4 Day Pass		@$20.00	$
Vehicle (Good for 4 days)		@ $5.00	$
Platinum Pass (Gate, rodeos & all concerts)		@ $85.00	$
June 28th Concert Washboard Union		@ $25.00	$
July 1st Concert Sawyer Brown		@ $35.00	$
Total:			

8x8 BOX STALLS ONLY - Barns #5

Call 306-773-2944 for space availability and camping arrangements

NOTE: You must provide your own feed & bedding

# of Stalls: _____ Stalls@$15.00 per horse for first six.

# of Stalls: _____ Stalls @$10.00 for each additional horse.

(Mare and Colt are considered one)

Total $_____

Owner's Cell Phone Number: _____

**** All entries MUST be sent to the Swift Current Ag & Ex office, and be pre-paid!!! **** **ENTRY DEADLINE: JUNE 23, 2017**

**** Faxed in entries MUST included credit card information ****

Card type: _____

Card #: _____

Expiry Date: _____

I, signed below, will not hold the Swift Current Agricultural & Exhibition Association responsible for any accidents, damage, loss to personal property or animals

Signature: _____

Owners Name: _____

Address: _____

_____

Postal Code: _____

Phone: _____

E-mail: _____