

# 2011 KEYSTONE INTERNATIONAL LIVESTOCK EXPO

PENNSYLVANIA FARM SHOW COMPLEX & EXPO CENTER, 2300 N. CAMERON STREET, HARRISBURG, PA 17110-9443  
[www.keystoneinternational.state.pa.us](http://www.keystoneinternational.state.pa.us) ~ email: [keystoneinternational@state.pa.us](mailto:keystoneinternational@state.pa.us) ~ (717) 787-2905

~ DRAFT/HAFLINGER ENTRIES MUST BE POSTMARKED BY SEPTEMBER 9 FOR EARLY DEADLINE ~

\*\*\* ONLY ONE OWNER PER FORM \*\*\*

REQUIRED: INCLUDE A COPY OF THE "ELISA" OR "AGID" (COGGINS) TEST REPORT

FARM NAME: \_\_\_\_\_ EXHIBITOR (MUST BE OWNER) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ PA COUNTY: \_\_\_\_\_ TELEPHONE #:( ) \_\_\_\_\_

E-MAIL: \_\_\_\_\_ SS # OR FED ID # (REQUIRED TO RECEIVE PREMIUMS) : \_\_\_\_\_

\*\*\*\*\*

1) HORSES NAME: \_\_\_\_\_ REG #: \_\_\_\_\_ SEX: \_\_\_\_\_  
SIRE: \_\_\_\_\_ DAM: \_\_\_\_\_  
DATE FOALED: \_\_\_\_\_ GROUP(S): GET OF SIRE: \_\_\_\_\_ PRODUCE OF DAM: \_\_\_\_\_  
BREED: \_\_\_\_\_ \*\* JR DOB: \_\_\_\_\_ RIDER/HANDLER/DRIVER: \_\_\_\_\_  
TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_  
CLASS(ES): \_\_\_\_\_  
COST: \$ \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_

TOTAL COST
_____

2) HORSES NAME: \_\_\_\_\_ REG #: \_\_\_\_\_ SEX: \_\_\_\_\_  
SIRE: \_\_\_\_\_ DAM: \_\_\_\_\_  
DATE FOALED: \_\_\_\_\_ GROUP(S): GET OF SIRE: \_\_\_\_\_ PRODUCE OF DAM: \_\_\_\_\_  
BREED: \_\_\_\_\_ \*\* JR DOB: \_\_\_\_\_ RIDER/HANDLER/DRIVER: \_\_\_\_\_  
TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_  
CLASS(ES): \_\_\_\_\_  
COST: \$ \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_

TOTAL COST
_____

3) HORSES NAME: \_\_\_\_\_ REG #: \_\_\_\_\_ SEX: \_\_\_\_\_  
SIRE: \_\_\_\_\_ DAM: \_\_\_\_\_  
DATE FOALED: \_\_\_\_\_ GROUP(S): GET OF SIRE: \_\_\_\_\_ PRODUCE OF DAM: \_\_\_\_\_  
BREED: \_\_\_\_\_ \*\* JR DOB: \_\_\_\_\_ RIDER/HANDLER/DRIVER: \_\_\_\_\_  
TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_  
CLASS(ES): \_\_\_\_\_  
COST: \$ \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_

TOTAL COST
_____

4) HORSES NAME: \_\_\_\_\_ REG #: \_\_\_\_\_ SEX: \_\_\_\_\_  
SIRE: \_\_\_\_\_ DAM: \_\_\_\_\_  
DATE FOALED: \_\_\_\_\_ GROUP(S): GET OF SIRE: \_\_\_\_\_ PRODUCE OF DAM: \_\_\_\_\_  
BREED: \_\_\_\_\_ \*\* JR DOB: \_\_\_\_\_ RIDER/HANDLER/DRIVER: \_\_\_\_\_  
TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_  
CLASS(ES): \_\_\_\_\_  
COST: \$ \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_

TOTAL COST
_____

5) HORSES NAME: \_\_\_\_\_ REG #: \_\_\_\_\_ SEX: \_\_\_\_\_  
 SIRE: \_\_\_\_\_ DAM: \_\_\_\_\_  
 DATE FOALED: \_\_\_\_\_ GROUP(S): GET OF SIRE: \_\_\_\_\_ PRODUCE OF DAM: \_\_\_\_\_  
 BREED: \_\_\_\_\_ \*\* JR DOB: \_\_\_\_\_ RIDER/HANDLER/DRIVER: \_\_\_\_\_  
 TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_  
 CLASS(ES): \_\_\_\_\_  
 COST: \$ \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_

<b>TOTAL COST</b>
_____

6) HORSES NAME: \_\_\_\_\_ REG #: \_\_\_\_\_ SEX: \_\_\_\_\_  
 SIRE: \_\_\_\_\_ DAM: \_\_\_\_\_  
 DATE FOALED: \_\_\_\_\_ GROUP(S): GET OF SIRE: \_\_\_\_\_ PRODUCE OF DAM: \_\_\_\_\_  
 BREED: \_\_\_\_\_ \*\* JR DOB: \_\_\_\_\_ RIDER/HANDLER/DRIVER: \_\_\_\_\_  
 TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_  
 CLASS(ES): \_\_\_\_\_  
 COST: \$ \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_

<b>TOTAL COST</b>
_____

7) HORSES NAME: \_\_\_\_\_ REG #: \_\_\_\_\_ SEX: \_\_\_\_\_  
 SIRE: \_\_\_\_\_ DAM: \_\_\_\_\_  
 DATE FOALED: \_\_\_\_\_ GROUP(S): GET OF SIRE: \_\_\_\_\_ PRODUCE OF DAM: \_\_\_\_\_  
 BREED: \_\_\_\_\_ \*\* JR DOB: \_\_\_\_\_ RIDER/HANDLER/DRIVER: \_\_\_\_\_  
 TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_  
 CLASS(ES): \_\_\_\_\_  
 COST: \$ \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_

<b>TOTAL COST</b>
_____

8) HORSES NAME: \_\_\_\_\_ REG #: \_\_\_\_\_ SEX: \_\_\_\_\_  
 SIRE: \_\_\_\_\_ DAM: \_\_\_\_\_  
 DATE FOALED: \_\_\_\_\_ GROUP(S): GET OF SIRE: \_\_\_\_\_ PRODUCE OF DAM: \_\_\_\_\_  
 BREED: \_\_\_\_\_ \*\* JR DOB: \_\_\_\_\_ RIDER/HANDLER/DRIVER: \_\_\_\_\_  
 TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_  
 CLASS(ES): \_\_\_\_\_  
 COST: \$ \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_

<b>TOTAL COST</b>
_____

9) HORSES NAME: \_\_\_\_\_ REG #: \_\_\_\_\_ SEX: \_\_\_\_\_  
 SIRE: \_\_\_\_\_ DAM: \_\_\_\_\_  
 DATE FOALED: \_\_\_\_\_ GROUP(S): GET OF SIRE: \_\_\_\_\_ PRODUCE OF DAM: \_\_\_\_\_  
 BREED: \_\_\_\_\_ \*\* JR DOB: \_\_\_\_\_ RIDER/HANDLER/DRIVER: \_\_\_\_\_  
 TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_  
 CLASS(ES): \_\_\_\_\_  
 COST: \$ \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_

<b>TOTAL COST</b>
_____

OWNERS NAME: \_\_\_\_\_

2011

AGENT NAME: _____	CELL PHONE: _____
ADDRESS: _____	STATE: _____ ZIP: _____

<b>TOTAL # OF HORSES NEEDING STALLS</b>  _____
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<b>STALLING REQUESTS:</b>
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<u>FEE SCHEDULE:</u>	By 9/9/11	After 9/9/11
Halter.....	\$7.00.....	\$14.00
Youth Showmanship & Cart.....	N/C.....	NC
Riding.....	\$10.00.....	\$20.00
Hitch: Cart .....	\$10.00.....	\$20.00
Team & Unicorn.....	\$15.00.....	\$30.00
4-Horse.....	\$20.00.....	\$40.00
6-Horse (Breed Classes).....	\$25.00.....	\$50.00
All Breed Classic Series.....	\$50.00.....	\$50.00
Stalls: Box Stall.....	\$35.00.....	\$35.00
Tack Stall.....	\$40.00.....	\$40.00

<u>TOTAL FEES</u>		
Total Class Fee:	Halter	= \$ _____
	Riding/ Performance	= \$ _____
	Hitch	= \$ _____
Box Stall @ \$35 per stall X _____		= \$ _____
Tack Stall @ \$40 per stall X _____		= \$ _____
<b>GRAND TOTAL FEES = \$</b> _____		

<u>OFFICE USE</u>
FEES RECEIVED:
_____
POSTMARK DATE:
_____

<input type="checkbox"/> CASH	AMOUNT \$ _____	<input type="checkbox"/> CHECK # _____	<b>MAKE CHECKS PAYABLE TO: "KILE"</b>
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	CREDIT CARD #: _____ / _____ / _____ Exp Date: _____
CARD HOLDER NAME: _____		CVV2 # (on back): _____	ZIP CODE: _____
CELL PHONE: (    ) _____			

BY SIGNING MY NAME BELOW, I HEREBY ACKNOWLEDGE MY UNDERSTANDING THAT BY PARTICIPATING IN THE HORSE SHOW I AM AGREEING TO ASSUME ALL RISKS OF PERSONAL BODILY INJURY OR INJURY TO HORSES OR DAMAGE TO PROPERTY INVOLVED IN THE HORSE SHOW. BY SIGNING MY NAME I FURTHER ACKNOWLEDGE AND AGREE THAT I WILL NOT SUE OR OTHERWISE MAKE A CLAIM FOR DAMAGES AGAINST ANY PARTY INVOLVED IN THE OPERATION OF THE HORSE SHOW, INCLUDING THE PENNSYLVANIA FARM SHOW COMMISSION, THE PENNSYLVANIA LIVESTOCK ASSOCIATION, THE KEYSTONE INTERNATIONAL LIVESTOCK EXPOSITION, THE PENNSYLVANIA DEPARTMENT OF AGRICULTURE, THE COMMONWEALTH OF PENNSYLVANIA AND ALL COMMONWEALTH AGENCIES AND INSTRUMENTALITIES, THE AMERICAN HORSE SHOW ASSOCIATION, OR ANY OTHER ENTITIES OR PERSONS WITH RESPONSIBILITIES AT THE SHOW, OR THEIR EMPLOYEES, AGENTS OR VOLUNTEERS. I ALSO UNDERSTAND AND AGREE THAT BY SIGNING MY NAME BELOW I AM WAIVING ALL RIGHTS TO SUE OR MAKE A CLAIM AGAINST THE ABOVE PARTIES AS A RESULT OF MY PARTICIPATION IN THE HORSE SHOW EVEN IF I FEEL I AM INJURED OR DAMAGED AS A RESULT OF THEIR NEGLIGENCE OR GROSS NEGLIGENCE.

I UNDERSTAND THAT IN THE EVENT I VIOLATE OR BREACH MY AGREEMENT NOT TO SUE OR MAKE A CLAIM AS AGREED ABOVE, I AGREE TO INDEMNIFY ALL SUCH PARTIES AS A RESULT OF MY INSTITUTING SUIT OR MAKING CLAIM, THAT IS, I AGREE TO FULLY PAY SUCH PARTIES OR PERSONS FOR ANY MONETARY OR OTHER DAMAGES THAT THEY SUFFER AS A RESULT OF MY BRINGING SUIT OR MAKING CLAIM AGAINST THEM, INCLUDING BUT NOT LIMITED TO THE PAYMENT OF ALL THEIR EXPENSES, ATTORNEY FEES, COURT JUDGMENT OR OTHER MONEY DAMAGES ARISING FROM SUCH SUIT OR CLAIM.

FINALLY, I AGREE TO HAVE ALL PERSONS, INCLUDING ALL OWNERS, LESSEES, TRAINERS, MANAGERS, AGENTS, EMPLOYEES, COACHES, DRIVERS, RIDERS, OR OTHER PERSONS HAVING ANYTHING TO DO WITH ANY HORSE(S) THAT I HAVE ENTERED IN THIS SHOW, SIGN THIS APPLICATION BELOW SO AS TO ACKNOWLEDGE THEIR AGREEMENT TO WAIVE THEIR RIGHT TO SUE OR MAKE CLAIMS AGAINST THE PARTIES LISTED ABOVE. BY SIGNING MY SIGNATURE BELOW I ALSO UNDERSTAND AND AGREE THAT IF I FAIL TO HAVE ANY PERSON WHO PARTICIPATES IN ANY WAY WITH ANY OF THE HORSES I HAVE ENTERED IN THE HORSE SHOW, I WILL INDEMNIFY ANY ENTITY OF PERSON SUED BY SUCH PERSON FOR ALL EXPENSES, ATTORNEY'S FEES, COURT JUDGEMENT, OR OTHER DAMAGES THAT THEY SUFFER AS A RESULT OF ANY SUIT OR CLAIM MADE BY ANY SUCH PERSON WHO I FAILED TO HAVE SIGN THIS FORM.

BY ENTRY INTO THE EXPOSITION YOU ARE CONFIRMING THAT YOU HAVE ESTABLISHED A VETERINARIAN-CLIENT-PATIENT-RELATIONSHIP FOR THE ANIMALS YOU ARE ENTERING AND/OR EXHIBITING.

I AGREE AND INTEND TO BE LEGALLY BOUND BY THE ABOVE LANGUAGE BY SIGNING MY NAME BELOW AND BY PARTICIPATING IN THIS HORSE SHOW.

<b>ALL SHOWS:</b>  X _____ OWNER'S SIGNATURE (REQUIRED)  _____ PRINT NAME  X _____ AGENT'S SIGNATURE (IF APPLICABLE)  _____ PRINT NAME
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<b>ALL SHOWS:</b>  x _____ Rider, Driver or Handler Signature (Required) (Parent/Guardian, if under 18, or if not available, trainer must sign.)  Print Name: _____  Street: _____  Town/City: _____  State: _____ ZIP: _____
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<b>ALL SHOWS:</b>  x _____ Rider, Driver or Handler Signature (Required) (Parent/Guardian, if under 18, or if not available, trainer must sign.)  Print Name: _____  Street: _____  Town/City: _____  State: _____ ZIP: _____
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