

EX# DHL: _____

22nd ANNUAL
ST. LOUIS COUNTY FAIR
DRAFT HORSE PULL REGISTRATION FORM

(Please print clearly)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____ e-mail: _____

WEIGHT CLASS (mark one): Light weight: ___ Heavy weight: ___

Complete a registration form for EACH team you are entering

PLEASE COMPLETE THE FOLLOWING QUESTIONNAIRE

(Information will be used by show announcer during the Pull)

NAMES OF HORSES: _____

BREED: _____

AGE OF HORSES: _____ WEIGHT OF EACH HORSE: _____

HOW LONG HAVE YOU BEEN WORKING WITH THIS TEAM? _____

DO YOU USE THIS TEAM FOR OTHER THAN PULLING EVENTS? Yes ___ No ___

If yes, what are they used for? _____

PLEASE LIST LOCATION OF PULLS AND PLACINGS THAT THIS TEAM HAS EARNED
DURING THE PAST YEAR:

Make checks payable to:

St. Louis County Fair

P.O. Box 629

Hibbing, Mn 55746

218-263-4256