HELLS CANYON MULE DAYS ☋ ENTRY FORM

Pre Entries must be postmarked by August 23

Class Descriptions and additional copies of entry form available at *HellsCanyonMuleDays.com*

CONTESTANT NAME: _____ *(ONLY ONE CONTESTANT PER FORM)*

CLASS #	CLASS NAME	MULE NAME	ENTRY FEE	OFFICE USE
			$	
			$	
			$	
			$	
			$	
			$	
			$	
			$	
			$	
			$	
			$	
			$	
			$	
			$	
			$	
			$	
Tie Stall – $8.00 per day for 1 mule	# Tie Stalls Needed _____	$8.00 x ____ # Days	$	
Pen – $15.00 per day for 1 mule	# Pens Needed _____	$15.00 x ___# Days	$	
Pen – $20 per day for 2 mules	# Pens Needed _____	$20.00 x ___# Days	$	
		TOTAL FEES ENCLOSED	$	

☋ ***Show Office open 5:00 PM – 7:00 PM Thursday and ONE hour before show start on Friday, Saturday & Sunday*** ☋

RELEASE FORM: In consideration of the Hells Canyon Mule Days Association and the Wallowa County Fair Board for permitting me to exhibit my mule, donkey and or horse, I hereby release the Hells Canyon Mule Days Association and Wallowa County Fair Board from any and all injuries, damages, or losses of any nature whatsoever in any manner connected directly or indirectly to the show and I hereby agree to indemnify and hold harmless Hells Canyon Mule Days, Inc., and or the Wallowa County Fair Board, the officers, members, employees and agents, volunteers, from any injuries, damages or losses arising or that may be incurred while participating in the Hells Canyon Mule Days show. I also understand that equine and livestock activities are inherently dangerous. In signing this release, I acknowledge that I have read, understand and agree to abide by the rules and regulations. Minors must have a parent or guardian's signature to accompany their own on this release. No exceptions.

Contestant Name *(Print)* _____ Age on 9/6/2024 (*If under 18*) _____

Mailing Address _____
Street or PO Box *City* *State* *Zip Code*

Phone (_____)_____ Email _____

Would you prefer to receive future communications by (please check one): □ Mail □ Email

Name of Mule _____ Breed _____

Signature of contestant *(required)* _____ Date _____

Name of Parent/Guardian *(If under 18)* _____ Signature _____ Date _____

POSTMARK ENTRIES BY AUGUST 23 FOR DISCOUNTED RATES
WRITE CHECKS PAYABLE TO
HELLS CANYON MULE DAYS
PO BOX 50, ENTERPRISE, OR 97828

QUESTIONS? CONTACT SONDRA LOZIER
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