

(CLUB LOGO - if
desired)

SHOW NAME
SHOW DATE
Closing Date

SEND TO:
Show Secretary Name
Address/City/State/Zip
Telephone

PLEASE TYPE OR PRINT/ONLY ONE OWNER PER ENTRY FORM. All entries must be complete.
(Circle appropriate letter for rider/handler listed below the class.)

		Name of First Horse				Reg. No.			DOB	Sex	Color	Sweepstakes Yes No	Entry Fees
		Sire				Dam						Horse USDF #	
Class #	Rider/handler A B C	Class #	Rider/handler A B C	Class #	Rider/handler A B C	Class #	Rider/handler A B C	Class #	Rider/handler A B C	Class #	Rider/handler A B C	\$	
Class #	Rider/handler A B C	Class #	Rider/handler A B C	Class #	Rider/handler A B C	Class #	Rider/handler A B C	Class #	Rider/handler A B C	Class #	Rider/handler A B C	\$	

(Circle appropriate letter for rider/handler listed below.)

		Name of Second Horse				Reg. No.			DOB	Sex	Color	Sweepstakes Yes No	Entry Fees
		Sire				Dam						Horse USDF #	
Class #	Rider/handler A B C	Class #	Rider/handler A B C	Class #	Rider/handler A B C	Class #	Rider/handler A B C	Class #	Rider/handler A B C	Class #	Rider/handler A B C	\$	
Class #	Rider/handler A B C	Class #	Rider/handler A B C	Class #	Rider/handler A B C	Class #	Rider/handler A B C	Class #	Rider/handler A B C	Class #	Rider/handler A B C	\$	

THE FOLLOWING MUST BE SENT WITH YOUR ENTRIES

Photo copies of AHA, USEF/EC, Membership cards for each Rider/Driver/Handler/ Trainer/Owner, Horses Registration papers & Purchase contract if applicable

OWNER INFORMATION Owner name as it appears on registration papers/purchase contract

Name _____
If Joint owner check one. Non Related Co Owner Related – What is the Relationship? _____
AHA# _____ USEF/EC# _____ USDF# _____
Farm/Ranch _____ USEF Farm ID# _____
Current Address _____ Phone _____
City _____ ST _____ Zip _____
Email _____

TRAINER INFORMATION (Must be filled out, if there is no trainer, the person responsible for the horse at the show)

Name _____
AHA# _____ USEF/EC# _____
Address _____ Phone _____
City _____ ST _____ Zip _____
Email _____

RIDER A _____

Relationship of rider to owner for owner classes
AHA# _____ USEF/EC# _____ USDF# _____
Address _____ Phone _____
City _____ ST _____ Zip _____

RIDER B _____

Relationship of rider to owner for owner classes
AHA# _____ USEF/EC# _____ USDF# _____
Address _____ Phone _____
City _____ ST _____ Zip _____
City _____ ST _____ Zip _____

RIDER C _____

Relationship of rider to owner for owner classes
AHA# _____ USEF/EC# _____ USDF# _____
Address _____ Phone _____
City _____ ST _____ Zip _____

ADDITIONAL INFORMATION Camper Plate # _____ Camper make _____

Send Acknowledgement to Owner _____ Trainer _____ Both _____

Email Acknowledgement to (Print) _____

Stable with _____

Total Entry Fees-----\$ _____
____ Office Fee per horse @-----\$ _____
____ USEF Fee @ \$23.00 per horse -----\$ _____
(15. Drug, 8. Admin)
____ AHA Resolution 9-90 per horse @-----\$ _____
----- AHA Recording Fee per horse @-----\$ _____
____ Box Stalls @-----\$ _____
No initial bedding
____ Tack Stall @-----\$ _____
____ Misc-----\$ _____

Member/Single Event Fees:
____ AHA Single Event Fee per person-----\$ _____

Other Fees
____ Misc-----\$ _____
____ Misc-----\$ _____
____ Misc-----\$ _____
____ Misc-----\$ _____

TOTAL FEES DUE-----\$ _____

Office use

Check or CC auth _____

Total _____

Due/Refund _____

Post Mark Date _____

Each person signing this entry form acknowledges that he/she has read the front and reverse of this Entry Form and agrees to the applicable terms, conditions, waivers ALL OWNERS, TRAINERS, RIDERS, DRIVERS & HANDLERS MUST SIGN ON THE BACK. Minor entrants must also have parent/guardian signature(s) on the back, releases, indemnification and consent as set forth herein. Each person agrees that the information is accurate to the best of his/her knowledge.