

Logo if desired

**Show Name**

Date  
Location

	Horse's Name				Reg. No.			DOB MM/DD/YY	Sex	Color	Sweepstakes Yes No
	Sire		Dam			Horse USEF ID#			Horse USDF #		
<b>Rider 1</b>	Classes / Sections										<b>TOTAL FEES</b>
	Entry Fees										\$
Name				DOB MM/DD/YY	Amateur Certificate Yes No		Rider's Relationship to horse owner(s) for owner classes				
AHA#		USEF/EC#			USDF#			US Citizen: Yes No			
Address				City			State		Zip		
<b>Rider 2</b>	Classes / Sections										<b>TOTAL FEES</b>
	Entry Fees										\$
Name				DOB MM/DD/YY	Amateur Certificate Yes No		Rider's Relationship to horse owner(s) for owner classes				
AHA#		USEF/EC#			USDF#			US Citizen: Yes No			
Address				City			State		Zip		
<b>Rider 3</b>	Classes / Sections										<b>TOTAL FEES</b>
	Entry Fees										\$
Name				DOB MM/DD/YY	Amateur Certificate Yes No		Rider's Relationship to horse owner(s) for owner classes				
AHA#		USEF/EC#			USDF#			US Citizen: Yes No			
Address				City			State		Zip		

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. 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.

**THE FOLLOWING MUST BE SENT WITH YOUR ENTRIES**

Photo copies of AHA, USEF/EC, Membership cards for each Rider/Driver/Handler/Coach/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 \_\_\_\_\_

**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 ----- \$ \_\_\_\_\_  
(15. Drug, 8. Admin)

AHA Resolution 9-90 per horse @ ----- \$ \_\_\_\_\_

AHA Recording Fee per horse @ ----- \$ \_\_\_\_\_

Box Stalls @ \$----- \$ \_\_\_\_\_  
No initial bedding

Tack Stalls @ \$ ----- \$ \_\_\_\_\_

Misc ----- \$ \_\_\_\_\_

**Member/Single Event Fees:**

AHA Single Event Fee per person ----- \$ \_\_\_\_\_

**Other Fees**

Misc ----- \$ \_\_\_\_\_

Misc ----- \$ \_\_\_\_\_

Mics ----- \$ \_\_\_\_\_

Misc ----- \$ \_\_\_\_\_

**TOTAL FEES DUE** ----- \$ \_\_\_\_\_

**Office use**

Check or CC auth \_\_\_\_\_

Total \_\_\_\_\_

Due/Refund \_\_\_\_\_

Post Mark Date \_\_\_\_\_

**ENTRIES CLOSE – Date Make Checks payable to ???**

Mail to: Secretaries Name

Address

Phone, fax, email

**ALL ENTRY FORMS MUST BE PROPERLY SIGNED BACK SIDE**