

LOGO if desired

Show Name
Date Location
Closing Date

SEND ENTRIES TO
Name
Address city state Zip

Horse's Name		Reg. No.		DOB MM/DD/YY	Sex	Color	Sweepstakes Yes No
Sire		Dam		Horse USEF ID#		Horse USDF #	
Rider 1	Classes / Sections						TOTAL FEES
	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		
Rider 2	Classes / Sections						TOTAL FEES
	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		
Rider 3	Classes / Sections						TOTAL FEES
	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/ Trainer/Owner,
Horses Registration papers & Purchase contract if applicable.

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:

USEF Show Pass @ \$45 ----- \$ _____

Other Fees

Misc ----- \$ _____

Misc ----- \$ _____

Misc ----- \$ _____

TOTAL FEES DUE ----- \$ _____

Office use

Check or CC auth _____

Total _____

Due/Refund _____

Post Mark Date _____

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 _____

OR Email Acknowledgement to (Print) _____

Stable with _____

Class # Qualifying for	Show Name & Date	Placing/Points	Qualifying Class Name

ALL ENTRY FORMS MUST BE PROPERLY SIGNED BACK SIDE