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 #	

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/Coach/Trainer/Owner,
Horses Registation 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 @ $35 per person $_____
_____ USEF Show Pass @ $45 per person ----- $_____

Other Fees
_____ Misc --------------------------------------- $_____
_____ Misc --------------------------------------- $_____
_____ Mics --------------------------------------- $_____
_____ Misc --------------------------------------- $_____

　TOTAL FEES DUE ------------------------- $ _____

ENTRIES CLOSE – Date **Make Checks payable to ???**
　　　Mail to: Secretaries Name
　　　　　　　Address
　　　　　　Phone, fax, email

ALL ENTRY FORMS MUST BE PROPERLY SIGNED BACK SIDE