

REGIONAL SHOW NAME SHOW 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. Enclose correct fees, copies of horse registration papers, purchase contract (if applicable), USEF/EC membership cards, amateur certification (if applicable), AHA Competition level membership cards for each rider, driver, handler, trainer and owner.

Horse Name		Reg. No.	DOB	Sex	Color	Height	Sweepstakes <input type="checkbox"/> Yes <input type="checkbox"/> No	
Sire		Dam			Horse USEF ID #		Horse USEF ID:	
Rider/driver/handler		AHA #	USEF/EC#		USDF#		Relationship to owner	
		Class						Entry Fees
		Numbers						
Address				City		State	Zip	
Rider/driver/handler		AHA #	USEF/EC#		USDF#		Relationship to owner	
		Class						Entry Fees
		Numbers						

FOR MORE THAN TWO RIDERS WITH SAME HORSE, USE NEXT TABLE, LEAVING HORSE DATA BLANK FOR MORE THAN TWO HORSES REQUEST ADDITIONAL FORMS OR MAKE PHOTOCOPIES
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, releases, indemnification and consent as set forth herein. Each person agrees that the information is accurate to the best of his/her knowledge.

OWNER (as appears on reg. papers or contract)

Name _____	AHA # _____	Total Entry Fees	\$ _____

Farm _____	USEF/ EC # _____	_____ USEF Fees @ \$16 per horse (\$8 Drugs & 8 Admin)	\$ _____

Address _____	USEF Farm ID# _____	_____ USEF Show Pass Fee @ \$30	\$ _____

City, State, Zip _____	Phone _____	_____ Resolution 9-90 (Education) @ \$15 (Mandatory per horse)	\$ _____
E-Mail _____		_____ Horse Stalls @	\$ _____
_____		_____ Tack Stalls @	\$ _____
TRAINER Must be filled in. If there is no trainer then owner can write same as owner.		_____ Post Entry Fee @	\$ _____
Trainer _____	AHA # _____	_____ Other	\$ _____
_____		_____ Other	\$ _____
Address _____	USEF/ EC # _____		

City, State, Zip _____	Phone _____		
Email _____			

Send Acknowledgement to: Owner _____ Trainer _____		ENCLOSED TOTAL FEES	\$ _____

Eamil to: _____

STABLE WITH _____ ENTRIES CLOSE
(Send request for joint stabling in the same envelope)

MAKE CHECK PAYABLE TO:

Reg Class # Qualifying for	Show Name & Date	Points
	Qualifying Class Name	
Reg Class # Qualifying for	Show Name & Date	Points
	Qualifying Class Name	
Reg Class # Qualifying for	Show Name & Date	Points
	Qualifying Class Name	
Reg Class # Qualifying for	Show Name & Date	Points
	Qualifying Class Name	

FOR OFFICE USE ONLY

	Qualifying Class Name	
Reg Class # Qualifying for	Show Name & Date	Points
	Qualifying Class Name	

ALL OWNERS, TRAINERS, RIDERS, DRIVERS & HANDLERS MUST SIGN ON THE BACK.
All signatures must be adult. Minor entrants must also have parent/guardian signature(s) on the back.