**LOGO if desired Show Name SEND ENTRIES TO**

 **Date Location Name**

 **Closing Date Address city state Zip**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Horse’s Name | Reg. No. | DOB MM/DD/YY | Sex | Color | SweepstakesYes 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.

**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

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

**Photo copies of AHA, USEF/EC, Membership cards for each Rider/Driver/Handler/ 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**

**OR Email Acknowledgement to (Print)**

**Stable with**

|  |  |  |  |
| --- | --- | --- | --- |
| **Class # Qualifying for** | Show Name & Date | **Placing/Points** | **Qualifying Class Name** |
|  |  |  |  |
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***ALL ENTRY FORMS MUST BE PROPERLY SIGNED BACK SIDE***