

# ONE OWNER PER ENTRY BLANK

UPHA Chapter 16 Spring Horse Show

March 6-7, 2020

Entries Close February 18, 2020

To be filled out completely including Street and Zip Code and Mailed to:

UPHA Chapter 16 Spring Horse Show

65 Old Taylorsville Road

Shelbyville, KY 40065

(502) 314-7960 or horseshowentries18@gmail.com – Beth Snider

Make checks payable to Gasparilla Charity Horse Show

For Office Use Only		Horse Registration Number			
Horse/Pony Name					
Color	Sex	Age	Height		
Rider/Driver/Handler				Age Jr. Exhibitor	
Association Number for rider – ASHA, UPHA, AHHS, AMHA -when applicable:					
CLASS #					TOTAL
ENTRY FEE					

For Office Use Only		Horse Registration Number			
Horse/Pony Name					
Color	Sex	Age	Height		
Rider/Driver/Handler				Age Jr. Exhibitor	
Association Number for rider – ASHA, UPHA, AHHS, AMHA -when applicable:					
CLASS #					TOTAL
ENTRY FEE					

For Office Use Only		Horse Registration Number			
Horse/Pony Name					
Color	Sex	Age	Height		
Rider/Driver/Handler				Age Jr. Exhibitor	
Association Number for rider – ASHA, UPHA, AHHS, AMHA -when applicable:					
CLASS #					TOTAL
ENTRY FEE					

I hereby enter the above horses and riders at my own risk and subject to the rules and regulations of the Show. I further agree that if any damage is occasioned or loss occurs to the horses exhibited, to any vehicle or other articles which I may send with said horses, I will make no claim therefore against the UPHA Chapter 16 or the Gasparilla Charity Horse Show or any participating organizations.

Owner:
Owner Association Number -ASHA, UPHA, AHHS, AMHA – when applicable
Address
City, State, Zip
Phone
Email
Signature

Trainer/Agent
Trainer Association Number – ASHA, UPHA, AHHS, AMHA – when applicable
Address
City/State/Zip
Phone
Email
Signature

	<b>TOTAL ENTRY FEES</b>	
#	Number of STALLS AT \$100 each	
#	Number of BOX SEATS (6 seats per box) at \$150.00 each	
#	Early Arrival \$35 per horse Arrival March 4, 2020	
	OFFICE FEE PER HORSE \$35.00	
	OFFICE FEE PER ACADEMY RIDER \$35.00	
	<b>TOTAL REMITTANCE</b>	

Visa/Mastercard/American Express- Card Number: _____  Exp Date: _____ CCV: _____ Signature: _____
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