

# ONE OWNER PER ENTRY BLANK

UPHA Chapter 16 Spring Horse Show

March 5-6, 2021

Entries Close February 15, 2021

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](mailto: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 |        |                   |       |
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| 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 \$40 per horse Arrival March 3, 2021     |  |
|   | 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: \_\_\_\_\_