

# ONE OWNER PER ENTRY BLANK

UPHA Chapter 16  
 Gasparilla Charity Horse Show  
 March 9-13, 2021  
 Entries Close February 15, 2021

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

The Gasparilla Charity 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	
Rider Association Number 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	
Rider Association Number ASHA, UPHA, AHHS, AMHA – when applicable					
CLASS #					TOTAL
ENTRY FEE					

For Office Use Only		Horse Registration Number			
Horse/Pony Name					
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Rider/Driver/Handler				Age Jr. Exhibitor	
Rider Association Number 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>	
#	<b>Number of STALLS AT \$160.00 each</b>	
#	<b>Early Arrival @ \$40 each horse Arrival March 4 or before (if not showing at Spring Show)</b>	
#	<b>Number of BOX SEATS (6 seats per box) at \$300.00 each =</b>	
	<i>OFFICE FEE PER HORSE \$35.00</i>	
	<i>OFFICE FEE PER ACADEMY RIDER \$35.00</i>	
	<b>TOTAL REMITTANCE</b>	

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