

ONE OWNER PER ENTRY BLANK

*Little Gasparilla
March 1-2, 2024*

Entries Close February 15, 2024

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

UPHA Chapter 16 Spring Horse Show

53 Fairway Crossing

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 -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 -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 -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 Little Gasparilla 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

	TOTAL ENTRY FEES	
#	Number of STALLS AT \$150 each	
#	Number of BOX SEATS (6 seats per box) at \$200.00 each	
#	Early Arrival \$50 per horse Arrival February 28	
	OFFICE FEE PER HORSE \$50.00	
	OFFICE FEE PER ACADEMY RIDER \$50.00	
	TOTAL REMITTANCE	

A 4% service charge will be added to credit card transactions

Visa/Mastercard/American Express- Card Number: _____

Exp Date: _____ CCV: _____ Signature: _____