

UPHA Chapter 12 North Carolina State Championship Horse Show

One Horse per entry Blank
Make checks payable to:
UPHA Chapter 12 NCSCHS

Mail To: Beth Snider
65 Old Taylorsville Road, Shelbyville KY 40065
502 314 7960; horseshowentries18@gmail.com

PLEASE PRINT OR TYPE (Fill out completely)

Owner _____ **ASHA #** _____

Address _____ City/State/Zip _____

Phone # _____ Cell Phone # _____ Email _____

Trainer _____ **ASHA #** _____

Address _____ City/State/Zip _____

Phone # _____ Cell Phone # _____ Email _____

Rider/Driver/Handler _____ **ASHA #** _____

Address _____ City/State/Zip _____

Phone # _____ Cell Phone # _____ Email _____

Make Checks payable to: _____ **Social Security /Tax ID** _____

Address _____ **City/State/Zip** _____

Office use		Horse Name				Registration #	
Color		Sex		Age		Height	
Class #							Total Fees
Entry Fee							

	TOTAL ENTRY FEES	\$
#	STALLS @ \$110.00 EACH (Monday September 10)	\$
#	EARLY ARRIVALS \$15.00 (PRIOR TO MONDAY SEPT. 10)	\$
#	Shavings @ \$8.50 per bag	\$
	Office Fee Per Horse \$30.00	\$
	Office Fee Per Academy Rider \$10.00	\$
#	VIP Table \$500.00	\$
	TOTAL REMITTANCE	\$

I hereby enter the above horses and riders at my own risk and subject to the rules and regulations of the UPHA Chapter 12 North Carolina State Championship Horse 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 12 North Carolina State Championship Horse Show.

_____ Arrival Date (For shavings deliveries)

Signature

Date

Print Name

Emergency Phone Number