

REGION 2 ARABIAN CHAMPIONSHIP SHOW

JUNE 16 - 21, 2020

SEND TO: NANCY HARVEY
 490 E. Montecito Ave.,
 Sierra Madre, CA 91024
 (626) 390-8918
 region2showsecretary@gmail.com

PLEASE TYPE OR PRINT/ONLY ONE OWNER PER ENTRY FORM. All entries must be complete. Enclose FULL PAYMENT for entries, copies of horse registration papers, purchase contract, USEF/EC membership cards, amateur certification, AHA Competition membership cards for EACH rider, driver, handler, and owner.

Name of First Horse				Reg. No.		DOB	Sex	Color	Height					
Sire				Dam				Horse USEF #				Entry Fees		
Cl #	Rider/handler A B C	Cl #	Rider/handler A B C	Cl #	Rider/handler A B C	Cl #	Rider/handler A B C	Cl #	Rider/handler A B C	Cl #	Rider/handler A B C	Cl #	Rider/handler A B C	\$
Cl #	Rider/handler A B C	Cl #	Rider/handler A B C	Cl #	Rider/handler A B C	Cl #	Rider/handler A B C	Cl #	Rider/handler A B C	Cl #	Rider/handler A B C	Cl #	Rider/handler A B C	\$

(Circle appropriate letter for rider/handler listed)

Name of Second Horse				Reg. No.		DOB	Sex	Color	Height					
Sire				Dam				Horse USEF #				Entry Fees		
Cl #	Rider/handler A B C	Cl #	Rider/handler A B C	Cl #	Rider/handler A B C	Cl #	Rider/handler A B C	Cl #	Rider/handler A B C	Cl #	Rider/handler A B C	Cl #	Rider/handler A B C	\$
Cl #	Rider/handler A B C	Cl #	Rider/handler A B C	Cl #	Rider/handler A B C	Cl #	Rider/handler A B C	Cl #	Rider/handler A B C	Cl #	Rider/handler A B C	Cl #	Rider/handler A B C	\$

(Circle appropriate letter for rider/handler listed)

Name of Third Horse				Reg. No.		DOB	Sex	Color	Height					
Sire				Dam				Horse USEF #				Entry Fees		
Cl #	Rider/handler A B C	Cl #	Rider/handler A B C	Cl #	Rider/handler A B C	Cl #	Rider/handler A B C	Cl #	Rider/handler A B C	Cl #	Rider/handler A B C	Cl #	Rider/handler A B C	\$
Cl #	Rider/handler A B C	Cl #	Rider/handler A B C	Cl #	Rider/handler A B C	Cl #	Rider/handler A B C	Cl #	Rider/handler A B C	Cl #	Rider/handler A B C	Cl #	Rider/handler A B C	\$

Each person signing this entry form acknowledges that he/she has read the front and reverse of this Entry Form and agrees to the applicable terms, conditions, waivers, releases, indemnification and consent as set forth herein. Each person agrees that the information is accurate to the best of his/her knowledge. **ALL OWNERS, TRAINERS, RIDERS, DRIVERS & HANDLERS MUST SIGN ON THE BACK. MINOR ENTRANTS MUST ALSO HAVE PARENT/GUARDIAN SIGNATURE(S) ON THE BACK.**

OWNER (as appears on registration papers or contract)

Name _____ AHA # _____

Address _____ USEF/Amt # _____

City, State, Zip _____ Phone _____

Email Address _____

TRAINER _____ AHA # _____

Address _____ USEF # _____

City, State, Zip _____ Phone _____

Email Address _____

A	Rider/Handler Name (PRINT) _____ Adult AMT / JTR _____ Age & Birthdate _____	AHA # _____ USEF/Amt # _____
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B	Rider/Handler Name (PRINT) _____ Adult AMT / JTR _____ Age & Birthdate _____	AHA # _____ USEF/Amt # _____
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C	Rider/Handler Name (PRINT) _____ Adult AMT / JTR _____ Age & Birthdate _____	AHA # _____ USEF/Amt # _____
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STABLE INFO _____

(Stabling together – Entries MUST be submitted in the same envelope)

TOTAL CLASS FEES	\$ _____
_____ STALLS @ \$165	\$ _____
_____ TACK/GROOM RMS @ \$165	\$ _____
_____ DRUG FEE @ \$31 per horse (USEF \$23 / CA \$8 per horse)	\$ _____
_____ Trailer In @ \$25 horse/day (only horses without a stall)	\$ _____
_____ AHA Results Fee @ \$10/horse (mandatory fee per horse)	\$ _____
_____ OFFICE FEE per Owner \$35	\$ 35.00

Region 2 PRE Show ONLY	
_____ Res. 9-90 @ \$5 per horse	\$ _____
_____ AHA Single Event Fee @ \$35	\$ _____

Region 2 CHAMPIONSHIP Show ONLY – mandatory	
_____ Res. 9-90 @ \$15 per horse	\$ _____
_____ AHA RECOVERY FEE @ \$25	\$ _____

AHA MEMBERSHIP	\$ _____
USEF MEMBERSHIP / SHOW PASS	\$ _____
PATRON / CLASS SPONSORS	\$ _____
MISCELLANEOUS	\$ _____
INCOMPLETE ENTRY FEES	\$ _____
POST ENTRY FEES	\$ _____
*TOTAL FEES	\$ _____

For Office Use Only

ENTRIES CLOSED MAY 27TH