



2021 ENTRY & STALL FORM

Exhibitor #

Date: _____

It is Mandatory to Submit a Copy of Rabies and Negative Coggins with the Entry Form

All Information MUST Be Completed

Exhibitor Name:		Youth Date of Birth:
Full Name of Horse (one per form):		
Street Address:		Phone #:
City:	State:	Zip:
Name of Team Classic Partner:		Partner Signature:

***Proof of age is mandatory at time of entry for any horse to be shown Western in a snaffle bit or bosal.
Horse must be 5 years of age or under as of January 1 of current year.***

Please CIRCLE your class numbers (do not use highlighter) Regular Classes - \$12.00 Classics - \$15.00 # = Horse # required*

- Open: 1# 3# 4# 5 11# 31 32 33* 34
- Driving: A B C
- Miniature: 2 6 10
- Lead-Line: 7 8 9
- Beg. W/T: 12 15 18
- New Team: 13 16 19
- Adult Western: 14 17 20
- Open Adult W/T: 21 24 27
- Green Horse: 22 25 28
- Open Western: 23 26 29
- Open Hunter 30 30a 30b
- Saddle Type: 35 38 41
- Adult English: 36 39 42
- Open Junior: 37 40 43
- Junior W/T: 44 46 48
- Hunt Seat: 45 47 49

Total Entry Fees	\$12.00 x _____	
*Classic Entry Fees	\$15.00 x _____	
Handling Fee	\$ 5.00 x <u>1</u>	\$5.00
Non Member Fee	\$ 5.00 x _____	
(Limited # available) Stall Fee	\$40.00 x _____	
Membership Fee	\$20/\$30	
TOTAL PAYMENT		

**** Please note that returned checks will be subject to a \$20 charge plus any applicable bank fees, collection fees and/or attorney fees****

**** If filled out incorrectly and prepaid by check we will not be able to give a refund****

I certify that every horse and exhibitor is eligible as entered and agree, for myself and my representatives, to be bound by the rules of this show. I further agree that if any damage or loss shall occur to any horse or property, which I may send to this show, I will make no claim therefore. I further agree to indemnify the show committee and all horse show officials or committee members against all claims, demands, suits and expenses arising out of any injury to any person or damage to any property caused by my horse, attendants, or myself. Exhibitor will be responsible for all entry fees left unpaid.

Disclaimer: SNEHA does not provide emergency medical services. 911 is on call.

Signature of Exhibitor: _____

Signature of Parent if exhibitor is under 18 years of age: _____

For Office Use Only:					<small>2020</small>
Rabies: _____	Coggins _____	Paid: _____	Cash: _____	Open Check#: _____	
Reg. Color Papers: _____	Reg. QH Papers: _____	LICENSE # FOR NON-MEMBER: _____			