

S.N.E.H.A. Horse Show Entry Form

Exhibitor # _____

Show Date: (Circle One)

May 5

June 23

July 21

Aug. 11

Sept. 22

Oct. 6

Exhibitor Name	Exhibitor Date of Birth	Horse Name (One horse per entry)
SNEHA Team Classic Partner Name	Classes (List Class Numbers)	

Street Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Rider Signature _____

Parent/Guardian Signature _____

Regular Class Fees _____ @ \$12	
Classic Class Fees _____ @ \$15	
Stall \$50	
Office Fee \$5	
Non-Member Fee \$5	
Family Membership \$30	
Individual Membership \$20	
Total Fees	\$

<p>Office Use Only: Coggins _____ Rabies _____</p>
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