

BLUEGRASS SPRING FESTIVAL

APRIL 2, 2010

PRE-ENTRIES CLOSE MARCH 19, 2010

SEND TO:
JEAN HEDGER
181 W. WHIPP RD.
DAYTON, OH 45459
PH/FAX: 937-434-6114
tjh1984@sbcglobal.net

PLEASE TYPE OR PRINT ONE HORSE PER ENTRY FORM

HORSE'S NAME _____ Reg. No. _____ DOB _____ SEX: S M G
SIRE _____ DAM _____ NSH # _____ USDF _____

RIDER 1 _____ AHA # _____ USDF # _____
ADDRESS _____ USEF/CE # _____ NSH # _____
CITY/ST/ZIP _____ DOB _____ JR/AMA/RELATION TO OWNER: _____
LIST CLASSES: _____

RIDER 2 _____ AHA # _____ USDF # _____
ADDRESS _____ USEF/CE # _____ NSH # _____
CITY/ST/ZIP _____ DOB _____ JR/AMA/RELATION TO OWNER: _____
LIST CLASSES: _____

RIDER 3 _____ AHA # _____ USDF # _____
ADDRESS _____ USEF/CE # _____ NSH # _____
CITY/ST/ZIP _____ DOB _____ JR/AMA/RELATION TO OWNER: _____
LIST CLASSES: _____

PRE-ENTRY FEES REQUIRE THE FOLLOWING:
Photo copies of Horse Registration Papers/Purchase Contract and all applicable membership cards for each Owner/Trainer/Rider/Driver/Handler

OWNER _____ AHA # _____
(as it appears on the registration/contract papers)
Farm/Ranch _____ USEF/CE # _____
Address _____ USDF # _____
City/St/Zip _____ NSH # _____
Phone Number _____

TRAINER (Adult)
Name _____ AHA # _____
Address _____ USEF/CE # _____
City/St/Zip _____ USDF # _____
Phone Number _____ NSH # _____

Email acknowledgement to be sent to:

Email (print legibly): _____

Stable With: _____
(Fill out Stable Card and enclose with entry)

All Owner, Trainer, Riders, Drivers, and Handlers or their agent must sign on the back of this entry form. Parent and/or guardian must sign for a minor exhibitor.

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SHOW FEES

Total Class Fees _____
New Covered Arena Stall @ \$40 _____
New Covered Arena Tack Stall @ \$40 _____
Stall @ \$35 _____
Tack Stall @ \$35 _____
Early Arrival @ \$50 per day/stall _____
(Prior to Noon Thursday 4/1)
Back Number @ \$2 per weekend/horse _____
Office Fee @ \$15 per horse _____
AHA Res 9-90 @ \$3 per horse _____
USEF Drug Fee @ \$15 per horse _____
(\$7 Drug/Meds/\$8 USEF)
AHA Fee @ \$3 per horse _____

Non-Member Fees:

AHA Single Event (SEM) @ \$35 _____
USEF Non-Member @ \$30 _____
USEF Amateur Card @ \$30 _____

Other Fees:

Sponsorship _____
TBA @ \$50 _____

TOTAL FEES

Make Check Payable To: **BLUEGRASS**
Office Use:

Check # _____

Amount \$ _____

Balance \$ _____