

**PAYMENT TO COVER ALL FEES
MUST ACCOMPANY ENTRIES**

ACADEMY CLASSES ENTRY BLANK

April 13, 2019
BRIDLESPUR HORSE SHOW

**Make Checks payable and mail to
BRIDLESPUR HORSE SHOW**

Kelly McFaul
206 S. Lark Ln, Wichita KS 67209
316-650-2287

| Office Use | Class # | Class # | Horse | Rider | Age | City, State | Fee |
|------------|---------|---------|-------|-------|-----|-------------------------|-----|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | TOTAL ENTRY FEES | \$ |

I hereby enter the above horses and riders at my own risk and subject to the rules and regulations of the 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 V Horse Show or any participating organizations.

| | | | | |
|----------------|--|---|--|----|
| Instructor | | # | STALLS at \$135 each | \$ |
| Stable | | # | OFFICE FEE AT \$30 PER HORSE/RIDER COMBINATION | \$ |
| Address | | # | BAG SHAVINGS AT \$9 PER BAG (Minimum of 2) | \$ |
| City/State/Zip | | # | Box Seats @ \$150 each (8 seats) | \$ |
| Signature | | | HORSE SHOW SPONSORSHIP | \$ |
| Phone | | # | ONE-DAY STALL @ \$65 | \$ |
| e-Mail Address | | | | |
| | | | TOTAL AMOUNT DUE | \$ |

Visa/Master Card Accepted: Card No. _____ Card Holder Name (Print) _____

Billing Address/Zip _____ Exp _____ CVV _____ Card Holder Signature _____

CHECK # _____ AMOUNT \$ _____ DATE RECEIVED _____

ALL CREDIT CARDS WILL BE CHARGED 3% CONVENIENCE FEE

ALL HORSES MUST HAVE NEGATIVE COGGINS TEST PERFORMED WITHIN 12 MONTHS OF SHOW, AND HEALTH PAPERS FOR ALL OUT-OF-STATE HORSES CURRENT WITHIN 30 DAYS

BRIDLESPUR HORSE SHOW

April 11-13, 2019—Entries Close March 30, 2019

One Owner Per Entry Blank

MAIL ENTRIES TO:
 Kelly McFaul
 206 S Lark Ln
 Wichita, KS 67209
 316-650-2287 | fax: 316-462-0883
 kellymcf@aol.com

| OFFICE USE | NAME OF HORSE | REG # | YR FOALD | SEX | BREED | HEIGHT | COLOR | ENTRY FEES |
|------------|----------------------|-------|----------|-------|-------|--------|-------|------------|
| | RIDER/DRIVER/HANDLER | | CLASS | CLASS | CLASS | CLASS | CLASS | ENTRY FEES |
| | | | FEE | FEE | FEE | FEE | FEE | \$ |
| | RIDER/DRIVER/HANDLER | | CLASS | CLASS | CLASS | CLASS | CLASS | ENTRY FEES |
| | | | FEE | FEE | FEE | FEE | FEE | \$ |
| OFFICE USE | NAME OF HORSE | REG # | YR FOALD | SEX | BREED | HEIGHT | COLOR | ENTRY FEES |
| | RIDER/DRIVER/HANDLER | | CLASS | CLASS | CLASS | CLASS | CLASS | ENTRY FEES |
| | | | FEE | FEE | FEE | FEE | FEE | \$ |
| | RIDER/DRIVER/HANDLER | | CLASS | CLASS | CLASS | CLASS | CLASS | ENTRY FEES |
| | | | FEE | FEE | FEE | FEE | FEE | \$ |

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OWNER (as appears on registration papers)

NAME _____
 ADDRESS _____
 CITY/STATE/ZIP _____
 PHONE _____
 EMAIL _____

TRAINER

NAME _____
 ADDRESS _____
 CITY/STATE/ZIP _____
 PHONE _____
 EMAIL _____

Total Class Fees

_____ Horse Stalls @ \$135 _____
 _____ Tack Stalls @ \$135 _____
 _____ Early Arrival @ \$25 per stall _____
 _____ One-Day Stall @ \$65 _____
 _____ Office Fee @ \$30 per horse _____
 _____ Box Seats (8) @ \$150 each _____
 _____ Shavings @ \$9 (minimum 2) _____
 _____ Camper Hookup @ \$30/night _____
 _____ Sponsorships _____

TOTAL FEES _____

RIDER 1

ADDRESS _____
 CITY/STATE/ZIP _____
 UPHA _____ AHHS _____ AMHA _____

RIDER 2

ADDRESS _____
 CITY/STATE/ZIP _____
 UPHA _____ AHHS _____ AMHA _____

Stable With/Arrival Date

PAYMENT METHOD

Check Credit Card

Acct# _____
 Exp _____ CVV _____

Street / Zip _____
 Name on Card _____
 Signature _____

ALL CREDIT CARDS WILL BE CHARGED A 3% CONVENIENCE FEE

Emergency Contact #