

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

ACADEMY CLASSES ENTRY BLANK

April 11, 2020
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 |
|------------|---------|---------|-------|-------|-----|-------------------------|-----|
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| | | | | | | | |
| | | | | | | 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 Bridlespur Horse Show or any participating organizations.

| | | | | |
|----------------|--|---|--|----|
| Instructor | | # | STALLS at \$140 each | \$ |
| Stable | | # | OFFICE FEE AT \$30 PER HORSE/RIDER COMBINATION | \$ |
| Address | | # | BAG SHAVINGS AT \$9.25 PER BAG (Minimum of 2) | \$ |
| City/State/Zip | | # | Box Seats @ \$165 each (8 seats) | \$ |
| Signature | | | HORSE SHOW SPONSORSHIP | \$ |
| Phone | | # | ONE-DAY STALL @ \$70 | \$ |
| 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