

# BRIDLESPUR HORSE SHOW

April 6-9, 2022—Entries Close March 26, 2022

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 FOALED	SEX	BREED	HEIGHT	COLOR	
	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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	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	\$

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.

### OWNER (as appears on registration papers)

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

### TRAINER

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

RIDER 1 \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

UPHA \_\_\_\_\_ AHHS \_\_\_\_\_ AMHA \_\_\_\_\_

RIDER 2 \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

UPHA \_\_\_\_\_ AHHS \_\_\_\_\_ AMHA \_\_\_\_\_

<b>Total Class Fees</b>	_____
Horse Stalls @ \$155	_____
Tack Stalls @ \$155	_____
Early Arrival @ \$25 per stall	_____
One-Day Stall @ \$80	_____
Office Fee @ \$30 per horse	_____
Box Seats (6) @ \$140 each	_____
Shavings @ \$11 (minimum 2)	_____
<b>NO OUTSIDE BEDDING ALLOWED</b>	
Post Entry Fee @ \$25 per horse	_____
Stall Pre-Bed @ \$10	_____
Sponsorships	_____
<b>TOTAL FEES</b>	_____

<b>PAYMENT METHOD</b>	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
Acct # _____	
Exp _____	Sec Code _____
Name on Card _____	
Signature _____	
<b>ALL CREDIT CARDS WILL BE CHARGED A 4% CONVENIENCE FEE</b>	

<b>Stable With/Arrival Date</b>
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<b>Emergency Contact #</b>
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