ONE OWNER PER ENTRY BLANK

Little Gasparilla March 3-4, 2023 Entries Close February 15, 2023

To be filled out completely including Street and Zip Code and Mailed to:

UPHA Chapter 16 Spring Horse Show 65 Old Taylorsville Road Shelbyville, KY 40065

(502) 314-7960 or horseshowentries18@gmail.com – Beth Snider Make checks payable to Gasparilla Charity Horse Show

I hereby enter the above horses and riders at my own risk and subject to the

Horse Registration Number

For Office Use Only

II /D N				rules and regulations of the Show. I further agree that if any damage is	
Horse/Pony Nai	ne			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	
Color	Sex	Age	Height	the Little Gasparilla Horse Show or any participating organizations.	
Rider/Driver/H	andler		Age Jr. Exhibitor	Owner:	
Association Nur	nber for rider – A	ASHA, UPHA, AHI	IS, AMHA -when	Owner Association Number -ASHA, UPHA, AHHS, AMHA – when applicable	
CLASS#			TOTAL	Address	
ENTRY				City, State, Zip	
FEE				Phone	
For Office Use Only Horse Registration Number				Email	
Horse/Pony Nar	ne			Signature	
Color	Sex	Age	Height	Trainer/Agent	
Rider/Driver/Handler		Age Jr. Exhibitor	Trainer Association Number – ASHA, UPHA, AHHS, AMHA – when		
Association Number for rider – ASHA, UPHA, AHHS, AMHA -when				applicable Address	
Association Nui applicable:	nber for rider – A	ASHA, UPHA, AHI	HS, AMHA -when		
CLASS#			TOTAL	City/State/Zip	
ENTRY FEE				Phone	
				Email	
For Office Use Only Horse Registration Number				Signature	
Horse/Pony Nar	ne			TOTAL ENTRY FEES	
				* Number of STALLS AT \$120 each	
Color	Sex	Age	Height	Number of BOX SEATS (6 seats per box)	
Rider/Driver/Handler Age Jr. Exhibitor			Age Jr. Exhibitor	at \$150.00 each Early Arrival \$50 per	
Association Number for rider – ASHA, UPHA, AHHS, AMHA -when				horse Arrival March 1,2023	
CLASS#			TOTAL	OFFICE FEE PER HORSE \$40.00	
ENTRY FEE				OFFICE FEE PER ACADEMY RIDER \$35.00	
				TOTAL REMITTANCE	
Visa/Maste	ercard/Amer	ican Express-	Card Number:		
Exp Date:CCV:			_CCV:	Signature:	