

# BRIDLESPUR HORSE SHOW

April 5-8, 2023—Entries Close March 25, 2023

One Owner Per Entry Blank

## MAIL ENTRIES TO:

Kelly McFaul

206 S Lark Ln

Wichita, KS 67209

316-650-2287 | fax: 316-462-0883

kellymcfa@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	\$

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 \_\_\_\_\_

**Stable With/Arrival Date**

### Total Class Fees

\_\_\_\_\_ Horse Stalls @ \$160 \_\_\_\_\_

\_\_\_\_\_ Tack Stalls @ \$160 \_\_\_\_\_

\_\_\_\_\_ Early Arrival @ \$50 per stall \_\_\_\_\_

\_\_\_\_\_ One-Day Stall @ \$85 \_\_\_\_\_

\_\_\_\_\_ Office Fee @ \$30 per horse \_\_\_\_\_

\_\_\_\_\_ Box Seats (6) @ \$140 each \_\_\_\_\_

\_\_\_\_\_ Shavings @ \$12 (minimum 2) \_\_\_\_\_

**NO OUTSIDE BEDDING ALLOWED**

\_\_\_\_\_ Post Entry Fee @ \$25 per horse \_\_\_\_\_

\_\_\_\_\_ Stall Pre-Bed @ \$25 \_\_\_\_\_

\_\_\_\_\_ Sponsorships \_\_\_\_\_

**TOTAL FEES** \_\_\_\_\_

### PAYMENT METHOD

☐ Check

☐ Credit Card

Acct # \_\_\_\_\_

Exp \_\_\_\_\_ Sec Code \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

**ALL CREDIT CARDS WILL BE  
CHARGED A 4% CONVENIENCE FEE**

**Emergency Contact #**