

ENTRY FORM - PLEASE USE ONE FORM PER HORSE

OUT OF STATE COGGINS & HEALTH CERT:

PERSON TO BE BILLED: (if not exhibitor)

HORSE NAME: _____ YEAR FOAMED: _____
 REG. # _____
 SEX: (circle one) Stallion / Mare / Gelding
 OWNER NAME: _____
 ADDRESS: _____ STATE: _____ ZIP CODE: _____
 CITY: _____ EMAIL ADDRESS: _____
 TELEPHONE: _____ RELATIONSHIP TO EXHIBITOR: _____
 NATIONAL MEMBERSHIP #: _____

EXHIBITOR #1 NAME: _____
 ADDRESS: _____ STATE: _____ ZIP CODE: _____
 CITY: _____ EMAIL ADDRESS: _____
 TELEPHONE: _____ YOUTH BIRTHDATE: _____
 NATIONAL MEMBERSHIP #: _____
 MEMBERSHIP TYPE: (circle one) OPEN / NON-PRO / YOUTH
 OPEN CLASSES: _____
 NON-PRO CLASSES: _____
 YOUTH CLASSES: _____

EXHIBITOR #2 NAME: _____
 ADDRESS: _____ STATE: _____ ZIP CODE: _____
 CITY: _____ EMAIL ADDRESS: _____
 TELEPHONE: _____ YOUTH BIRTHDATE: _____
 NATIONAL MEMBERSHIP #: _____
 MEMBERSHIP TYPE: (circle one) OPEN / NON-PRO / YOUTH
 OPEN CLASSES: _____
 NON-PRO CLASSES: _____
 YOUTH CLASSES: _____

Contact: Smalley3@prodigy.net for stalls & shavings(or contact Becky if you don't e-mail)

Pre Entries will be accepted until Aug. 27 by e-mailing: wwdandybee@hotmail.com or snail-mailing: Becky Dillon, 420 N. Maple, McPherson, Ks. 67460. Or, you may simply enter at the show. Either way, please pay your fees at the show(in other words, please do not prepay).

BACK # _____

STALLS @ \$50 X _____

SHAVINGS @ \$8 /bag X _____

ELEC. HOOKUP @ \$20 X _____ nights

OFFICE FEE \$10/horse X _____

KsAPHC Membership _____

AphC Membership _____

APPALOOSA CLASSES: _____

*Nonpro & Open \$20/class X _____
 OR blanket fee \$150/horse(multiple riders)
 PLUS Nat'l. Pts. fees \$4/class for open X _____

*Youth \$10/class X _____
 OR blanket fee \$75/horse(multiple riders)
 PLUS Nat'l. Pts. fees \$2/class X _____

*Open @ \$20/class X _____

*Youth @ \$10/class X _____

OR blanket fee \$150/horse(multiple riders)

OR blanket fee \$75/horse(multiple riders)

OR blanket fee \$150/horse(multiple riders)

OR blanket fee \$75/horse(multiple riders)

TOTAL CHARGES _____
 PAID BY: _____
 CASH _____ CHECK # _____