

Owner _____
 Address _____
 City, State, Zip _____
 Telephone _____
 Owners signature _____
 ASHA # _____

LONGVIEW CHARITY HORSE SHOW

ONE OWNER PER ENTRY FORM

Trainers Name _____
 Address _____
 City, State, Zip _____
 Telephone _____
 Signature _____
 ASHA # _____

Office Use Only	Name of Horse	Rider		Rider			
		Class #		Class #			
		Entry Fee		Entry Fee		Total Fees	
		Registration #	Current Coggins				

Office Use Only	Name of Horse	Rider		Rider			
		Class #		Class #			
		Entry Fee		Entry Fee		Total Fees	
		Registration #	Current Coggins				

Office Use Only	Name of Horse	Rider		Rider			
		Class #		Class #			
		Entry Fee		Entry Fee		Total Fees	
		Registration #	Current Coggins				

FOR EQUITATION RIDERS ONLY

UPHA MEMBER NUMBER _____

RIDER _____ AGE _____

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PARENT OR GUARDIAN SIGNATURE REQUIRED

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Riders Name _____

Address _____

City, State, Zip _____

Telephone _____

Signature _____

ASHA # _____

STALLS

Amount Due _____

TOTAL FEES DUE

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CASH
CHECK #

READ BACK SIDE BEFORE SIGNING