

IASPHA Horse Show Series 2019

ONE OWNER PER ENTRY BLANK

ENCLOSE COPY OF REGISTRATION PAPERS SHOWING PROOF OF CURRENT OWNERSHIP FOR EACH HORSE ENTERED, HEALTH CERTIFICATE AND NEGATIVE COGGINS, PROOF OF RHINO/FLU VACCINATION WITHIN 6 MONTHS OF ENTERING STABLES (USEF RULE GR845) AND A COPY OF CURRENT IASPHA MEMBERSHIP CARD WITH DEPOSIT. **NO ENTRIES PROCESSED UNTIL STALL MONEY IS RECEIVED. NO REFUNDS ON STALL FEES.**

OWNER'S NAME: _____

Stalls Available Thursday

*CIRCLE A OR B FOR EACH ENTRY	*		NAME OF HORSE	AGE	COLOR	SEX	HT	HORSE REG.	RIDER/DRIVER NAME	CLASS	CLASS	CLASS	CLASS	CLASS
	A													
	B													
	A													
	B													
	A													
	B													
	A													
	B													
	A													
	B													
	A													
	B													

Every entry at this Show shall constitute an agreement and affirmation that the person making it along with the owner, lessee, trainer, manager, agent, rider, and the horse shall be subject to the local rules of the show; that every horse and rider is eligible as entered and that the owner and any of his representatives are bound by the rules of the show and will accept as final the decision of the judge on any question arising under said rules and agree to hold the show, their officials, directors, and employees harmless for any action taken; that the owner and rider and any of their agents or representatives agree to hold harmless the show, and their officials, directors, employees, and agents for any injury or loss resulting directly or indirectly from the negligent acts or omissions of said officials, directors, employees, or agents of the show.

Further, the undersigned agrees to hold IASPHA, their employees, and show management harmless for lost, damaged, or stolen property and for any injury to horse, exhibitors, and spectators before, during, and after the show.

***EXHIBITORS MUST DECLARE CIRCUIT FOR WHICH EACH ENTRY'S SEASON**

POINTS ARE TO COUNT: A OR B (does not apply to Academy entries).

Trainer: _____

Owner: _____

Address: _____

Phone: _____ e-Mail: _____

Trainer Phone: _____ Email: _____

Exhibitor Signature (Parent/guardian if minor)

**MAKE CHECKS PAYABLE TO:
IASPHA**

MAIL ENTRIES TO:
Kristen Pettry, Show Secretary

PO Box 1118
New Lenox, IL 60451

815-347-4395
KristenPettry@aol.com

Entries Close:

**Spring Show: March 30
Summer Show: June 22
Fall Show: October 12**

FOR OFFICE USE

Check No. _____

Amount _____

EB# _____

Qty		Fee	Total
	Classes	\$35 each	
	Championships	\$45 each	
	Post Entry	\$50 Horse	
/	Box Stalls	\$105	
	Tack Stalls	\$105	
	Office Fee/ per rider	\$25	
	Bedding per bag	\$10	
	Box Seats 8 seats	\$50	
	Sponsor/ per class	\$45	
	Non-member fee	\$35	
TOTAL CHARGES			

Stable with:

