

# INDIANAPOLIS CHARITY HORSE SHOW

JUNE 2-5, 2010

ENTRIES CLOSE APRIL 30, 2010

OWNER'S NAME \_\_\_\_\_

TRAINER'S NAME \_\_\_\_\_

**SHOW SECRETARY: JUDY McMANAMA, 11930 E 211TH ST, NOBLESVILLE IN 46060 Fax 317.776.7019**

**Only one owner per entry form.** Please print or type. All entries must be complete. Enclose correct fee, copies of registration papers, lease agreement or certificate to show.

	NAME OF HORSE/PONY	REG NO.	COLOR	SEX	HEIGHT	YOB	
RIDER/DRIVER		UPHA#/AHHS#	JR EXHIB AGE	CLASS NUMBERS		ENTRY FEES	
RIDER/DRIVER		UPHA#/AHHS#	JR EXHIB AGE	CLASS NUMBERS		ENTRY FEES	
	NAME OF HORSE/PONY	REG NO.	COLOR	SEX	HEIGHT	YOB	
RIDER/DRIVER		UPHA#/AHHS#	JR EXHIB AGE	CLASS NUMBERS		ENTRY FEES	
RIDER/DRIVER		UPHA#/AHHS#	JR EXHIB AGE	CLASS NUMBERS		ENTRY FEES	
	NAME OF HORSE/PONY	REG NO.	COLOR	SEX	HEIGHT	YOB	
RIDER/DRIVER		UPHA#/AHHS#	JR EXHIB AGE	CLASS NUMBERS		ENTRY FEES	
RIDER/DRIVER		UPHA#/AHHS#	JR EXHIB AGE	CLASS NUMBERS		ENTRY FEES	

Each person signing this entry form acknowledges that he/she has read the front and reverse side of this entry form and agrees to the applicable forms, conditions, waivers and consent as set forth herein. Each person agrees that the information is accurate to the best of his/her knowledge.

Stable With: \_\_\_\_\_

Horse Arrival \_\_\_\_\_ Horse Departure \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

Trainer's Hotel \_\_\_\_\_

Emergency Contact Number \_\_\_\_\_

Cell Phone Preferred \_\_\_\_\_

TOTAL ENTRY FEES	_____
POST ENTRY FEES _____ \$25 per horse	_____
_____ Horse Stalls @ \$100 ea	_____
_____ Tack @ \$100 ea	_____
_____ Academy Stalls @\$50 ea	_____
ENTRANCE PASS _____ @ \$9 ea	_____
OFFICE FEE _____ @ \$15 per Horse	_____
RING SIDE TABLE @ \$125	_____

**TOTAL DUE** \_\_\_\_\_

**MAKE CHECKS PAYABLE TO:**

**INDIANAPOLIS CHARITY HORSE SHOW**

**PLEASE COMPLETE REVERSE SIDE**