ONE OWNER PER ENTRY BLANK

Pro Am Benefit Classic Horse Show April 3-6, 2024 Entries Close March 14, 2024

To be filled out completely including Street and Zip Code and Mailed to:

Pro Am Benefit Classic Horse Show 53 Fairway Crossing Shelbyville, KY 40065

(502) 314-7960 or horseshowentries18@gmail.com - Beth Snider Make checks payable to Pro Am Benefit Classic Horse Show

I hereby enter the above horses and riders at my own risk and subject to the

Horse Registration Number

For Office Use Only

Horse/Pony Name					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			
Color	Sex	Age	Heigh	nt	against	against the Pro Am Benefit Classic Horse Show or any participating organizations.		
Rider/Driver/Handler Age Jr. Exhibitor					Owner			
Signature of R/D/	H				Address			
					Address			
CLASS #			Т	OTAL	City/Stat	City/State/Zip		
ENTRY FEE					Phone			
			l l		Email			
For Office Use Only Horse Regist			Registration N	Number	Signature	Signature		
Horse/Pony Name	e							
Color	Sex	Age	Age Height			_		
Rider/Driver/Handler			Age Jr. Ex	Age Jr. Exhibitor		Trainer/Agent		
Signature of R/D	/H				Address			
					City/Stat	e/Zip		
CLASS#			T	OTAL	Phone			
ENTRY FEE					Email			
				_	Signature	e		
For Office Use O	nlv	Horse P	egistration N	Jumber	Signiture			
				\under \u		TOTAL ENTRY FEES		
Horse/Pony Name	е					Number of STALLS AT \$130 each =		
Color	Sex	Age	Heigh	nt		Shavings @\$9.00 per bag		
Rider/Driver/Handler Age Jr. Exhibitor				khibitor		VIP Boxes @ \$450 (Limited availability)		
Signature of R/D/	Ή							
						OFFICE FEE PER HORSE OR ACADEMY RIDER \$15.00		
CLASS#			T	OTAL		Early Arrival @ \$20.00 per stall (Sunday arrival)		
ENTRY FEE						TOTAL REMITTANCE		