



Name of Farm \_\_\_\_\_

Contact Person \_\_\_\_\_

Mailing Address \_\_\_\_\_

City State Zip

( ) \_\_\_\_\_

Phone # \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Please Stall with: \_\_\_\_\_

**If you do not attend the show after sending your entries in you will be responsible for stall fees, office fees, and shavings ordered.**

<u>HCSC – FALL FINALE-AMHR #1 -Friday-OCTOBER 10</u> Entries Due by OCTOBER 2 <sup>nd</sup>	Fee	x	#	Total
<b>Office Fee – Non-Refundable</b> Per Horse - Per Registry – Per Show AMHR/ASPC/ASPR/NSPPR	\$ 15.00	X		
<b>Youth (MUST be designated Youth Class)</b>	Free	X		
<b>Adult – Amateur – Open – Stake-Cool</b>	\$ 45.00	X		
<b>Unlimited classes per horse per registration division</b>	\$150.00	X		
<b><i>Stall Fee is paid 1 time for 1 or ALL shows for the weekend. Please mark what days you're showing.</i></b>	Friday <input type="checkbox"/>	Saturday <input type="checkbox"/>	Sunday <input type="checkbox"/>	
<b>Stalls – Thursday – Monday (Limit 2 horses per stall)</b>	\$ 85.00	X		
<b>Stalls – Early arrival</b>	\$ 15.00	X		
<b>Shavings – MUST Pre-order – Non-Refundable</b>	\$ 10.00	X		
<b>Camping Per Night – Electric only</b>	\$ 30.00	X		
		X		
<b>LATE FEE – Per Horse – Per Registry – Per Show</b> <b>Entries Received AFTER October 2<sup>nd</sup></b>	\$ 25.00	Total Due: \$		

**Make checks to:** ISEOA

**Mail entries to:** Donna Phillips, 2953 Mackville Road, Harrodsburg, KY 40330

**Email entries to:** highmountainqh@yahoo.com

**Facebook Messenger entries to:** Donna Phillips

**Did you enclose a COPY of the following:**

- ☐ Registration Paper
- ☐ Both Sides of Perm. Measurement Card
- ☐ Copy of Amateur &/or Youth Cards
- ☐ Entry Form Signed & Completed
- ☐ Check or Money Order

**For Office Use Only:**

Date Received: \_\_\_\_\_

Amount Enclosed: \$ \_\_\_\_\_

Check #: \_\_\_\_\_

**Amount Due:** \$ \_\_\_\_\_



**Must enclose a copy of registration papers, amateur and youth cards and a copy of measurement card if measured in 2025.**

Show No. (Office Use)	Name of Horse	Exhibitor Name (s)	Class Number (One class number per box)				Reg. No.	Date of Birth	Sex	Height (Office Use)	Registered Owners Names and City & State
		1)									
		2)									
		1)									
		2)									
		1)									
		2)									
		1)									
		2)									
		1)									
		2)									
		1)									
		2)									

**Statement of Responsibility and Liability Duplicate as needed.**

This Agreement ***MUST*** be signed before participation in this event – ***ALL Exhibitors*** must have a signed release form!! This show is approved and conducted under ASPC/AMHR/ASPR rules and is open to AMHR horses registered with or recognized by the ASPC/AMHR/ASPR. By entering horses in this event, I hereby agree to abide and be bound by all ASPC/AMHR/ASPR rules. I also agree to hold harmless the Management and Sponsors of this event from all liability in case of accident, theft, injury, or loss, either to myself or persons with me, or to any animal in my care, custody, or control in any way associated with this event.

\_\_\_\_\_  
Signature of Owner / Agent / Exhibitor

\_\_\_\_\_  
Signature of Owner / Agen / Exhibitor

\_\_\_\_\_  
Signature of Parent or Legal Guardian

**I certify that I am an amateur or youth as recognized by the rules of the AMHR – ASPC – ASPR.**

\_\_\_\_\_  
Signature of Amateur & Am. #

\_\_\_\_\_  
Signature of Amateur & Am. #

\_\_\_\_\_  
Signature of Youth and Youth #