

NEW YORK MORGAN REGIONAL HORSE SHOW
 NEW YORK STATE FAIR GROUNDS - SYRACUSE, NEW YORK

Entries Due August 1st

One Horse Per Entry Form

Entry Number _____

| | | | | | | | |
|---------------------------|---|---------------------------|-------|-----|------------------------------------|--------------------------------|--------------------------------|
| Form No. C-10-10 01 | NAME OF HORSE | Horse AMHA Registration # | Color | Sex | Age | Height | |
| ENTRY FEES | Write Class #s Below Name of Corresponding Rider/Driver/Handler | | | | | Rider's/Driver's ↓ AMHA # ↓ | Rider's/Driver's ↓ USEF # ↓ |
| | Name of Rider/Driver → | | | | | Rider's/Driver's ↓ AMHA # ↓ | Rider's/Driver's ↓ USEF # ↓ |
| | Name of Rider/Driver → | | | | | Handler's ↓ AMHA # ↓ | Handler's ↓ USEF # ↓ |
| Name of Handler → | | | | | Sire & Dam Required For All Horses | | |
| | | | | | Sire | Dam | |

Dressage Entries
 Owner's USDF# _____
 Rider USDF # _____
 Horse's USDF # _____

Equitation Rider
 UPHA # _____
 DOB _____

| Qty. | TOTAL ENTRY FEES | |
|------|--|---------|
| | Box Stalls for Horses and Tack @ \$ 105.00 | |
| | Annex and 4H Stalls @ \$ 75.00 | |
| | Dairy Barn Stalls @ \$140.00 | |
| | Tie Stalls @ \$ 45.00 | |
| | Show From Trailer @ \$25.00 | |
| | Single Night Stalls in 4H Barns Only @ \$30.00 | |
| | Spectator Boxes @ \$65.00 6 seats | |
| | Camper Sites @ \$150.00 | |
| | USEF Fee (D&M \$7, USEF \$8) | \$15.00 |
| | Non-USEF Members Showing Fee @ \$20.00 | |
| | USEF Breed/Discipline Fee @ \$5.00 (Jrs. Exempt) | |
| | AMHA Non-Member Fee @ \$20.00 | |
| | Office Fee \$10.00 per horse | \$10.00 |
| | Friday Night Exhibitor's Party @ \$8.00 per person | |
| | AMHA Judges Education Fee @ \$2.00 | \$ 2.00 |
| | Total Due | |
| | Amount Enclosed | |
| | Balance Due | |

ENTRY & STALL FEES MUST ACCOMPANY THIS FORM
 Canadian Checks Must Be Marked: Payable in U.S. Funds
MAKE CHECKS PAYABLE TO:
New York Morgan Horse Show

If you wish to charge your entries please complete the following:
 Signature must appear on every form you want to charge to this card.

Visa or MC #: _____
 Exp. Date: _____ Billing Zip Code _____
 Name of Card Holder: _____
 Signature: _____
 Charges Will Be Processed When Received

Signatures for Owners, Parents, Riders, Trainers &/or Coaches
Must Appear On The Back Of This Form Before Entries Can Be Accepted

| | | |
|---|---|---|
| Print Rider's Name _____ Street _____ City _____ State _____ Zip _____ Telephone _____ USEF# _____ AMHA# _____ Email Address _____ | Print Trainer's Name _____ Street _____ City _____ State _____ Zip _____ Telephone _____ USEF# _____ AMHA# _____ Email Address _____ | Print Owner's Name _____ Street _____ City _____ State _____ Zip _____ Telephone _____ USEF# _____ AMHA# _____ Social Security # _____ |
|---|---|---|

RETURN TO: NY MORGAN REGIONAL HORSE SHOW P.O. Box 455, Fayetteville, N.Y. 13086
 315.682.1933 or 315.436.1933 Email: nblumenthal@twcnry.rr.com

