

ONE OWNER PER ENTRY BLANK

THE SHELBYVILLE HORSE SHOW

July 30 – August 2, 2014

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

The Shelbyville Horse Show
65 Old Taylorsville Road
Shelbyville, KY 40065
(502) 647 -0076 or FAX (502) 633 - 6207 – Beth Snider
Make checks payable to The Shelbyville Horse Show

For Office Use Only		<i>PLEASE PRINT OR TYPE</i>			
Horse/Pony Name					
Color	Sex	Age	Height		
Rider/Driver/Handler				Age Jr. Exhibitor	
Signature of R/D/H					
CLASS #					TOTAL
ENTRY FEE					

I hereby enter the above horses and riders at my own risk and subject to the 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 against the Shelbyville Horse Show or any participating organizations.

Owner
Address
City/State/Zip
Phone
Signature

For Office Use Only		<i>PLEASE PRINT OR TYPE</i>			
Horse/Pony Name					
Color	Sex	Age	Height		
Rider/Driver/Handler				Age Jr. Exhibitor	
Signature of R/D/H					
CLASS #					TOTAL
ENTRY FEE					

Make Checks payable to:	<i>Circle One</i>	OWNER	TRAINER
Social Security Number/Tax ID			

Trainer/Agent
Address
City/State/Zip
Phone
Signature

For Office Use Only		<i>PLEASE PRINT OR TYPE</i>			
Horse/Pony Name					
Color	Sex	Age	Height		
Rider/Driver/Handler				Age Jr. Exhibitor	
Signature of R/D/H					
CLASS #					TOTAL
ENTRY FEE					

	TOTAL ENTRY FEES	
#	Number of STALLS AT \$85 each =	
#	Exhibitor Badges @ \$15 =	
#	Number of BOX SEATS (6 seats per box) at \$350.00 each =	
	<i>OFFICE FEE PER HORSE \$15.00</i>	
	TOTAL REMITTANCE	