

AMERICAN SADDLE HORSE BREEDERS FUTURITY OF KANSAS & OKLAHOMA ENTRY FORM

Held at Salina Charity Horse Show

October 10-12, 2014

Mail Entries to: SCHS, PO BOX 1160, DERBY KS 67037

Checks to cover ALL FEES must accompany entries

ENTRY	NAME OF HORSE Class numbers below horse's name	Total Entry Fees	Reg. #	NAME OF EXHIBITOR Exhibitor Address	ONE OWNER PER ENTRY BLANK Owner Information
					Name _____
					Street _____
					City _____
					State _____ Zip _____
					Phone _____
					STABLE WITH (must appear on both entry blanks)

_____ Total Entry Fees		_____
_____ Stall Fee	\$50	_____
_____ Jump Out Fee per horse	\$15	_____
_____ Office Fee per horse	\$15	_____
_____ Post Entry per horse**	\$10	_____
_____ Bag Shavings	\$ 7	_____
_____ Bale Straw	\$ 6	_____
_____ Horse Show T-shirts	\$15	_____
(Specify Quantity & Size _____)		
TOTAL DUE		_____

Make checks payable to: Salina Charity Horse Show

**Fee will be charged on any entry postmarked after 09/26/14

BILL ENTRIES AND SEND PAYBACK TO:

NAME: _____
 Stable: _____
 Street: _____
 City: _____ ST: _____ Zip: _____
 Phone: _____ Email: _____

All payback money will be paid to the above

**STALLS WILL BE OPEN
 Thurs. Oct. 9 at 12:00
 NOON unless special
 arrangements are made with
 show management.**

OFFICE USE

We have read and accept the conditions under LIABILITY in the General Rules and Regulations, and agree to hold Salina Charity Horse Show harmless for any damage, loss, injury, or accident to property, animals, or show participants.

Signature of Owner, Manager, or Trainer _____

ALL OUT OF STATE HORSES MUST SHOW CURRENT NEGATIVE COGGINS AND HEALTH PAPERS IN SHOW OFFICE BEFORE RECEIVING BACK NUMBERS