

# ONE OWNER PER ENTRY BLANK

OWNER'S NAME: \_\_\_\_\_

Leave Blank Back #	Name Of Horse Class #	Horse's Age	Horse's Reg. #	Rider/Driver	IASPHA Membership #	Entry Fee \$25 Qualifier \$30 Championship
	<b>Name of Equitation Rider Class #</b>					
	<b>Rider Name:</b>		<b>City and State:</b>			
			<b>Name of Equitation Horse:</b>			
	<b>Rider Name:</b>		<b>City and State:</b>			
			<b>Name of Equitation Horse:</b>			

Office use only

Ck# \_\_\_\_\_ Ck Amt. \_\_\_\_\_

Date Rec. \_\_\_\_\_ Monies Over \_\_\_\_\_

EB # \_\_\_\_\_ Monies Under \_\_\_\_\_

- # \_\_\_\_\_ Qualifier Classes @ \$25 .....
- # \_\_\_\_\_ Championship Classes @ \$30 .....
- # \_\_\_\_\_ Box Stalls @ \$80 .....
- # \_\_\_\_\_ Shavings @ \$10 per compressed bale .....
- # \_\_\_\_\_ Office Fee @ \$25 per horse. ....
- # \_\_\_\_\_ Class Sponsorships @ \$25 per class .....
- # \_\_\_\_\_ Premium Box Seats (seating for 8) \$50 .....
- # \_\_\_\_\_ Post Entry Fee @ \$25 per horse .....
- # \_\_\_\_\_ **NON IASPHA member fee \$10 per day** .....
- TOTAL Charges** (check payable to IASPHA).....

Please stable with: \_\_\_\_\_



Illinois  
American  
Saddlebred  
Pleasure Horse  
Association, Inc.

## COMPLETE BOTH SIDES OF THIS FORM

All shows will be held at  
**Fields and Fences in Gurnee (fieldsandfences.com)**

May 12 & 13, 2012  
*Entries Close April 25*

July 7 & 8, 2012  
*Entries Close June 25*

November 3 & 4, 2012  
*Entries Close October 20*

**I hereby release the sponsors of the IASPHA Horse Shows, Fields and Fences, and the Show Committees, from any loss, damage, injury or liability to any horse, rider, trailer, equipment and/or spectator.**

Rider/Driver/Handler

Owner/Agent

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Print Name \_\_\_\_\_

Street \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

City \_\_\_\_\_

State/Zip \_\_\_\_\_

State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Telephone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

**Parent/Guardian Signature: (required if rider/driver/handler is a minor)** \_\_\_\_\_

**Print Parent/Guardian Name** \_\_\_\_\_

Mail checks payable to IASPHA and mail all entries to:

Cheryl Rangel,  
1101 Peace Drive  
Wheeling IL 60090  
Phone: 847-537-4743 Fax: 847-537-4758  
e-mail: [tracesct@aol.com](mailto:tracesct@aol.com)