

Orlando Arabian Horse Club
COMMUNITY Show Registration

Show Dates: _____
Show Location: _____

SHOW NUMBER: _____ **to be assigned by show office only**

One Form required for each horse & rider combination---Information must be complete for entry.
All horses must have current Coggins and be stalled at all shows

Horse Name: _____ COGGINS #: _____

Breed: _____ Reg #: _____ Sex: M ___ G ___ S ___

Rider's Name: _____ DOB: ____/____/____

Address: _____ City: _____ Zip: _____

Email contact: _____

Emergency Contact name & phone: _____

Owner of Horse: _____ same as rider: ___yes___no

Address of Owner: _____ City: _____ Zip: _____

If stall costs for this horse are on another Rider's entry please specify Rider's name: _____

Fees: Membership is optional **Member #:** _____

Membership fee 2010: \$25 individual, \$35 per family \$ _____

Existing OAHC Member fees – new members eligible on pre-entry only.

Pre-registration Tack or Horse Stall \$30.00 each per day ___tack stall ___stall x ___days = \$ _____

Day of Show Tack or Horse Stalls - \$40.00 each per day ___tack stall ___stall x ___days = \$ _____

Pre-registration Office fee \$3.00 per entry \$10.00 day of the show \$ _____

AHA Fee – required for all Arab/HA/AA entries - \$5.00 \$ _____

Class fee \$10 per class, pre-entered only ___classes x \$10 = \$ _____

Class fee \$12 per class, day of show ___classes x \$12 = \$ _____

Classes entered _____

Classes entered _____

NON-MEMBER FEES: List classes entered above, please

Pre-registration Tack or Horse Stall \$35.00 each per day ___tack stall ___stall x ___days = \$ _____

Day of Show Tack or Horse Stalls - \$40.00 each per day ___tack stall ___stall x ___days = \$ _____

Pre-registration Office fee \$5.00 per entry \$10.00 day of the show \$ _____

Class fee \$12 per class ___classes x \$12 = \$ _____

RV parking CONTACT OFFICE FOR DETAILS & COSTS UPON ARRIVAL

OFFICE USE ONLY: open check or cash payments must be made prior to start of show

Coggins # _____ dated: _____ reviewed by: _____

Release form received and verified by: _____

Payment Type ___cash ___check # _____

TOTAL DUE: \$ _____

Total Paid: _____ received by: _____

Show Staff

Office Manager: _____

Awards & Ribbons: _____ Entries: Entries: Lori Heckle – hecklelori@aol.com, 321-231-1221

Mail entries to Lori Heckle - 313 Aulin Ave., Suite 500, Oviedo, FL 32765, fax: 407-977-8847

Treasurer: Pam Knapp, pamisioux2@aol.com Announcer: _____

Volunteer Coordinator: Karleen Babcock - equestrianquest@bellsouth.net