

**Orlando Arabian Horse Club
Open FUN 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: _____

HIGH POINTS: ___ Youth ___ Junior ___ Adult ___ Novice ___ Green Horse ___ Arab/HA ___ Open
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 \$5.00 day of the show \$ _____
Class fee \$7 per class, pre-entered only ___ classes x \$7 = \$ _____
Class fee \$10 per class, day of show ___ classes x \$10 = \$ _____

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 \$10 per class, pre-entered only ___ classes x \$10 = \$ _____
Class fee \$12 per class, day of show ___ 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: 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

