

IWAH SHOW ENTRY FORM ~ JULY 10th, 2010

PLEASE PRINT/ ALL ADDRESSES NEED TO BE FILLED OUT FOR OWNER(S) AND ADDITIONAL RIDERS

HORSE NAME		BACK #
REGISTRATION NUMBER(S)		COGGINS #
OWNER'S NAME		IDOA#
STABLE NAME		HEALTH CERTIFICATE
OWNER'S ADDRESS		
CITY	STATE	ZIP
TELEPHONE ()	EMERGENCY NUMBER ()	

TRAINER'S NAME

Address:

CITY STATE ZIP

CLASS	RIDER	AMATEUR / TRAINER #	FEE	CHARGE
			\$12	
			\$12	
			\$12	
			\$12	
			\$12	
			\$12	
			\$12	
			\$12	
			\$12	
			\$12	

Versatility Classes Are Not Checked by DQP / Water Glass and Open Pleasure Driving <u>Pay</u> DQP fees				
			\$10	
			\$10	
			\$10	
			\$10	
			\$10	
			\$10	
			\$10	
			\$10	

	SUBTOTAL	
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Please Add the Name and Address of Additional Riders Here:		OFFICE FEE	\$5	\$5
Name:		STALL	\$30	
Address:		1/4 <input type="checkbox"/> 1/3 <input type="checkbox"/> 1/2 <input type="checkbox"/> TACK ROOM	\$30 (Full)	
		TRAILER TIE FEE PER HORSE	\$15	
Phone ()		RIBBON SPONSOR	\$10	
Name:		CLASS SPONSORSHIP	\$25	
Address:		SHAVINGS	\$8	
		CAMPER FEE (Per Day)	\$18	
Phone ()		IWAH MEMBERSHIP	\$30	
Name:		TOTAL PAID CASH		
Address:				
Phone ()		TOTAL PAID CHECK #		