

# IWAH SHOW ENTRY FORM ~ JUNE 26th, 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                                                                                                    |                    |
| Versatility Classes Are Not Checked by DQP / Please use multiple forms if there is not enough space. |       |                           |                                                                                                         |                    |
|                                                                                                      |       |                           | \$10                                                                                                    |                    |
|                                                                                                      |       |                           | \$10                                                                                                    |                    |
|                                                                                                      |       |                           | \$10                                                                                                    |                    |
|                                                                                                      |       |                           | \$10                                                                                                    |                    |
|                                                                                                      |       |                           | \$10                                                                                                    |                    |
|                                                                                                      |       |                           | \$10                                                                                                    |                    |
|                                                                                                      |       |                           | \$10                                                                                                    |                    |
|                                                                                                      |       |                           | \$10                                                                                                    |                    |
| <b>SUBTOTAL</b>                                                                                      |       |                           |                                                                                                         |                    |
| <b>Please Add the Name and Address of Additional Riders Here:</b>                                    |       |                           | <b>OFFICE FEE</b>                                                                                       | <b>\$5</b>         |
| <b>Name:</b>                                                                                         |       |                           | <b>STALL</b>                                                                                            | <b>\$30</b>        |
| <b>Address:</b>                                                                                      |       |                           | <b>1/4 <input type="checkbox"/> 1/3 <input type="checkbox"/> 1/2 <input type="checkbox"/> TACK ROOM</b> | <b>\$30 (Full)</b> |
|                                                                                                      |       |                           | <b>TRAILER TIE FEE PER HORSE</b>                                                                        | <b>\$15</b>        |
| <b>Phone (      )</b>                                                                                |       |                           | <b>RIBBON SPONSOR</b>                                                                                   | <b>\$10</b>        |
| <b>Name:</b>                                                                                         |       |                           | <b>CLASS SPONSORSHIP</b>                                                                                | <b>\$25</b>        |
| <b>Address:</b>                                                                                      |       |                           | <b>SHAVINGS</b>                                                                                         | <b>\$8</b>         |
|                                                                                                      |       |                           | <b>CAMPER FEE (Per Day)</b>                                                                             | <b>\$18</b>        |
| <b>Phone (      )</b>                                                                                |       |                           | <b>IWAH MEMBERSHIP</b>                                                                                  | <b>\$30</b>        |
| <b>Name:</b>                                                                                         |       |                           | <b>TOTAL PAID</b>                                                                                       |                    |
| <b>Address:</b>                                                                                      |       |                           | <b>CASH</b>                                                                                             |                    |
|                                                                                                      |       |                           | <b>TOTAL PAID</b>                                                                                       |                    |
| <b>Phone (      )</b>                                                                                |       |                           | <b>CHECK #</b>                                                                                          |                    |