

# TWHBEA Lincolnland Regional Versatility Show , September 18<sup>th</sup> 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	WALKING HORSE TRAINERS ASSOCIATION #

Address:

CITY	STATE	ZIP
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CLASS	RIDER	FEE	CLASS	RIDER	FEE	CHARGE
		\$11			\$11	
		\$11			\$11	
		\$11			\$11	
		\$11			\$11	
		\$11			\$11	
		\$11			\$11	
		\$11			\$11	
		\$11			\$11	
		\$11			\$11	
		\$11			\$11	

**Versatility Classes not Checked by DQP /Classes 22-27 and 31-38/Classes 21,28,29 and 30 Require DQP**

		\$11			\$11	
		\$11			\$11	
		\$11			\$11	
		\$11			\$11	
		\$11			\$11	
		\$11			\$11	
		\$11			\$11	
		\$11			\$11	

**SUBTOTAL**

<b>Please Add the Name and Address of Additional Riders Here:</b>	<b>OFFICE FEE</b>	\$5	\$5
Name:	<b>STALL</b>	\$30	
Address:	1/4 <input type="checkbox"/> 1/3 <input type="checkbox"/> 1/2 <input type="checkbox"/> <b>TACK ROOM</b>	\$30 (Full)	
	<b>TRAILER TIE FEE PER HORSE</b>	\$15	
Phone (      )	<b>RIBBON SPONSOR</b>	\$10	
Name:	<b>CLASS SPONSORSHIP</b>	\$25	
Address:	<b>CAMPER FEE (Per Day)</b>	\$18	
	<b>High Point Entry Fee Per Division</b>	\$10	
Phone (      )	<b>ALL DAY FEE (PER HORSE)</b>	\$100	
Name:	<b>TOTAL PAID</b>		
Address:	<b>CASH</b>		
	<b>TOTAL PAID</b>		
Phone (      )	<b>CHECK #</b>		

One Time Entry into the TWHBEA Versatility Program per Horse and Rider Combination This is for first time Horse and Rider combinations / or Additional Horse and Rider Combinations	\$25	Payable to Twhbea
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Shavings / Bedding are to be paid Directly to the Arena Management