AMHA Glen Rose Horsin' Around Show Entry Form -- Show Date: May 4 & 5, 2019 -- Pre Entry Date: April 20, 2019

Person Submitting Entry:_____ Farm Name: _____ Email: _____
Address: _____ City, State, Zip:_____ Phone Number: _____

1) Registered Name of Horse_____ Registration # _____ AMHR/ASPC/ASPR (*Circle One)*

Sex _____ DOB _____ Owner/Lessee _____ City,State _____

Exhibitor's Name	*Membership #*	*Youth or Amateur*	*Youth DOB*							*Classes*			

2) Registered Name of Horse_____ Registration # _____ AMHR/ASPC/ASPR (*Circle One)*

Sex _____ DOB _____ Owner/Lessee _____ City,State _____

Exhibitor's Name	*Membership #*	*Youth or Amateur*	*Youth DOB*							*Classes*			

3) Registered Name of Horse_____ Registration # _____ AMHR/ASPC/ASPR (*Circle One)*

Sex _____ DOB _____ Owner/Lessee _____ City,State _____

Exhibitor's Name	*Membership #*	*Youth or Amateur*	*Youth DOB*							*Classes*			

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4) Registered Name of Horse_____ Registration # _____ AMHR/ASPC/ASPR (*Circle One)*

Sex _____ DOB _____ Owner/Lessee _____ City,State _____

Exhibitor's Name	*Membership #*	*Youth or Amateur*	*Youth DOB*							*Classes*			

The following must accompany each entry or will be processed as late entry:
Copy of Each Horse's Registration Papers, Amateur Cards & Youth Cards of Exhibitors

Office Fee (per Horse per Registry) _____ x $ 15 =_____
Late Entry Fee (per Horse) _____ x $ 15 =_____
Open Classes _____ x $ 30 =_____
Amateur Classes (must have Amateur #) _____ x $ 25 =_____
Amateur Flat Fee (same horse.amt.5 max) _____ x$105 =_____
Youth Classes (have Youth #) _____ x $ 10 =_____
Youth Flat Fee (same horse/youth) _____ x $ 50 =_____
COOL Classes _____ x $ 25 =_____
Stall Fee _____ x $ 75 =_____
Stalls (early in/late out) per night _____ x $ 25 = _____
Shavings _____ x $ 10 = _____
Showing off of trailer per day ____X_____ x $ 30 = _____
RV Parking per day _____x $ 30 =_____
DONATION TO YOUTH FUND _____
Class Sponsorship _____x $10/$15 _____
SAT. LUNCHEON NOW (at door$10) _____ $5 _____
Total Amount Enclosed $_____

Make Checks Payable to: **SWMHC**

Mail Entries by Pre Entry Date to: **Tracey Slagle**
2793 16th Road

Central City, NE 68826

Stabling Request:_____

In Case of emergency, we are staying at:_____

VISA & MC WILL BE ACCEPTED AT THE SHOW **WITH** THE CARD
5% CHARGE FOR CARD USE

NO REFUNDS OR EXCHANGE OF HORSE
WITHOUT VETERINARIAN'S STATEMENT

This show is approved and conducted under the rules of the ASPC/AMHR and is open only to horses registered with the ASPC/AMHR. I hereby enter these horses in the listed classes, by so entering I agree to abide by and be bound by all rules and regulations of ASPC/AMHR, agree to hold harmless the managers and sponsors of the show from all liability in case of accident, theft, injuries or loss in any way associated with my participation in this event. **UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), A LIVESTOCK SHOW SPONSOR IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN A LIVESTOCK SHOW RESULTING FROM THE INHERENT RISKS OF LIVESTOCK SHOW ACTIVITIES.**

THIS FORM MUST BE SIGNED BY THE EXHIBITOR IN ORDER TO PARTICIPATE IN THE SHOW.

My signature is proof that I have read, understand and accept this statement.

_____ _____ _____
Authorized Signature Parent or Guardian signature (required for all Youth Exhibitors) Date