

Halloween Spooktacular Show Entry Form -- Show Date: October 25, 26, & 27 -- Pre Entry Date: October 9, 2024

4) Registered Name of Horse _____ Registration # _____ AMHR/ASPC/ASPR/NSPPR
 Sex _____ DOB _____ Owner/Lessee _____ City, State _____

<i>Exhibitor's Name</i>	<i>Membership #</i>	<i>Youth or Amateur</i>	<i>Youth DOB</i>																

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 \$ 40 = _____
 Open Classes _____ x \$ 30 = _____
 Amateur Classes (must have Amateur #) _____ x \$ 20 = _____
 Youth Classes (have Youth #) _____ x \$ 13 = _____
 COOL Classes _____ x \$ 20 = _____
 Non Rated Classes _____ x \$ 15 = _____
 Stall Fee _____ x \$ 65 = _____
 Second Horse in Stall _____ x \$ 45 = _____
 Shavings _____ x \$ 12 = _____
 Showing off of trailer per day x \$ 45 = _____
 RV Parking per day _____ x \$ 45 = _____

Make Checks Payable to: **ASPC/AMHR Club of North Texas**

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
 4% CHARGE FOR CARD USE. I DO ACCEPT PAYPAL, VENMO, ZELLE.

Total Amount Enclosed \$ _____

**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