

# ORANGE BLOSSOM FUN IN THE SUN AMHA SHOW

June 18, 2023

Southeastern Livestock Pavilion, Ocala, FL

Farm Name: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone &  
Email \_\_\_\_\_

I certify that I am a Youth or Amateur as required by the Rules of AMHA.

1 \_\_\_\_\_ AMHA# \_\_\_\_\_

2 \_\_\_\_\_ AMHA# \_\_\_\_\_

3 \_\_\_\_\_ AMHA# \_\_\_\_\_

4 \_\_\_\_\_ AMHA# \_\_\_\_\_

Youth Must provide Date of Birth – Age group determined by Age on January 1<sup>st</sup> of current year.

I hereby enter miniature horse(s) in the classes below. In entering the horse(s) in participation in such events and in making use of property privileges, I will abide and be bound by all rules and regulations. I hereby hold harmless the show manager, show secretary, show organizers, sponsors or sponsor management from any loss, damage or injury to any person or property resulting from such entry, participation or use of such property or privileges.

Exhibitor Signature: \_\_\_\_\_

Parent or Guardian (for Youth Exhibitor) \_\_\_\_\_

Must be Signed before Participation

Office Use Entry#	Office Use Height	Registered Name of Horse	Reg. No.	Sex	DOB	Registered Owner

Exhibitor \_\_\_\_\_

Class # (One class number per square)

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Exhibitor \_\_\_\_\_

Class#

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Exhibitor \_\_\_\_\_

Class #

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Exhibitor \_\_\_\_\_

Class#

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Exhibitor \_\_\_\_\_

Class #

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Exhibitor \_\_\_\_\_

Class#

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Exhibitor \_\_\_\_\_

Class #

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Exhibitor \_\_\_\_\_

Class#

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Exhibitor \_\_\_\_\_

Class #

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Exhibitor \_\_\_\_\_

Class#

This show is approved by and conducted under the rules of the American Miniature Horse Association, Alvarado, TX. All entered horses must be registered with AMHA. Youth/Amateur Exhibitors must provide their Current (2023) AMHA Youth/Amateur number in the space provided on the front of the entry blank.

The following must be enclosed with submitted entries:

1. Copy of each horse's Registration Papers
2. Copy of Current (2023) Youth/Amateur Card
3. Check for monies due. Make checks payable to Orange Blossom Miniature Horse Club.

**ENTRIES POSTMARKED AFTER MONDAY, June 1, 2023 WILL BE CHARGED A \$5.00 PER CLASS POST-ENTRY FEE.**

ENTRIES ARE TO BE SENT TO: Tracey Wait-Slagle, 2793 16<sup>th</sup> Road, Central City, NE 68826. Inquiries can be made at 308-624-0212 or email to: [tracey\\_slagle@hotmail.com](mailto:tracey_slagle@hotmail.com)

**COMPLETE THE FOLLOWING**

**ENTRIES AND STALLS**

OPEN CLASSES	_____ @ \$30.00 Per Class Member	\$ _____
	_____ @ \$35.00 Per Class Non-Member	\$ _____
<i>If Postmarked after June 1, 2023</i>	_____ @ \$ 5.00 Per Class Post-Entry	\$ _____
AMATEUR CLASSES	_____ @ \$25.00 Per Amateur Class Member	\$ _____
	_____ @ \$30.00 Per Amateur Class Non-Member	\$ _____
<i>If Postmarked after June 1, 2023</i>	_____ @ 5.00 Per Amateur Class Post Entry	\$ _____
YOUTH	_____ @ \$20.00 per Youth Class Member	\$ _____
	_____ @ \$25.00 Per Youth Class Non-Member	\$ _____
<i>If Postmarked after June 1, 2023</i>	_____ @ 5.00 per Youth Class Post Entry	\$ _____
FLAT FEE	_____ @ \$125.00	\$ _____
<i>Flat fee includes up to 10 Classes – Pre-Entry Only – Horse must be owned by OBMHC member</i>		
STALLS	_____ @ 30.00 per stall (Sunday only)	\$ _____
No More than two horses per stall – Two year and older stallions must be stalled separately		
No horses stalled on a trailer overnight.		
SHAVINGS	_____ @ \$ 8.50 (Please pre-order)	\$ _____
Please stall with: _____		
SHOWING OFF THE TRAILER	_____ @ \$30.00 Sunday (two horse maximum)	\$ _____
CAMPER HOOKUP	_____ @ \$45.00 per night (electric & water only)	\$ _____
CAMPER HOOKUP	_____ @ \$50.00 per day (full hookup with sewer)	\$ _____
OFFICE FEE:	_____ @ \$10.00 per horse	\$ _____
<i>Includes the \$1.00 per horse per judge AMHA fee</i>		
GROUNDS FEE	_____ @ \$5.00 per horse	\$ _____
INCOMPLETE PAPERWORK FEE	_____ @ \$5.00 per horse	\$ _____
Fee charged on each horse whose entries are submitted without a copy of registration papers and/or appropriate youth/amateur cards		
<b>TOTAL</b>		\$ _____

Make Checks Payable To: Orange Blossom Miniature Horse Club  
 Mail To: Tracey Wait-Slagle, 2793 16<sup>th</sup> Rd, Central City, NE 68826.

I plan to arrive (Date and approximate time): \_\_\_\_\_  
 In case of emergency I can be reached at (phone) \_\_\_\_\_ Hotel/Room \_\_\_\_\_  
 Please note any special requests here: \_\_\_\_\_