

MeApHC 54th Annual State Show and All Breed Horse ShowAll Breed Horse Entry Form

Back # _____

Responsible Party: _____

One bill per horse/No splitting

All RV spots by arena are reserved for working staff. NO ACCEPTIONS.

Name of Horse from front side: _____

CHECK IN TIME FRIDAY AT NOON	Price:	Total:
All Breed: Youth/Non-Pro/Amateur Flat Fee: [To qualify for the Flat Fee, Youth/Non-Pro/Amateur must show in at least ONE OPEN CLASS, exception Leadline/Walk/Trot]	\$165	
Flat Fee: ONE HORSE/ONE RIDER: Additional All Breed Horse(s) \$25 each	\$ 25 x _____	
Individual Class Fee [all divisions]	\$ 36 x _____	
**All Breed Non-Pro/Amateur Trail Futurity	\$ 50	
**All Breed Non-Pro/Amateur Western Pleasure Futurity	\$ 50	
**All Breed Non-Pro/Amateur Versatility Class	\$ 25	
**All Breed Youth Versatility Class	\$ 25	
Trail Equipment Fee:	\$ 5	
Game Equipment Fee:	\$ 5	
Office Fee:	\$ 20	
Late Fee: [July 8, 2024]	\$ 25	
Box Stall: [2 nights]	\$ 80	
Box Stall Additional Nights [per night]	\$ 40	
Tack Stall: [weekend]	\$ 80	
Day Stall: [per horse]	\$ 20	
Showing from the Trailer: [per horse]	\$ 20	
RV/Camper/Tent/Horse Trailer: [hooked to water/electrical] [2 nights]	\$ 100	
RV Additional Nights [per night]	\$ 50	
Class Sponsorship: [\$20 per class]	\$ 20 x _____	
Total: _____		

Signature of Exhibitor, Parent or Agent: _____ Date: _____



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~Office Use Only~		
Ciggins _____	Check _____	Cash _____

NAME OF HORSE	REGISTRATION #	SEX	YEAR FOALED
Owner: _____			
Street: _____	City: _____	State: _____	Zip: _____
Email: _____	Phone: _____		

All Breed OPEN CLASS INFORMATION

Exhibitor Name: _____ Date of Birth _____ Street: _____ City: _____ State: _____ Zip: _____ Phone # _____ Email: _____ Relationship to Owner: _____	Open Classes: <table border="1"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																				

All Breed NON-PRO/AMATEUR CLASS INFORMATION

Exhibitor Name: _____ Date of Birth _____ Street: _____ City: _____ State: _____ Zip: _____ Phone # _____ Email: _____ Relationship to Owner: _____	Non-Pro/Amateur Classes: <table border="1"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																				

All Breed YOUTH CLASS INFORMATION [INCLUDE WALK/TROT, & LEADLINE {IF APPLICABLE}]

Exhibitor Name: _____ Date of Birth _____ Street: _____ City: _____ State: _____ Zip: _____ Phone # _____ Email: _____ Relationship to Owner: _____	Youth Classes: <table border="1"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																				

I hereby enter at my own risk and agree to abide by all the rules of the MeApHC Horse Show. I further agree to indemnify the MeApHC and owners of the property upon which the show is held against all claims, demands or suits and expenses arising out of an injury to any person or damage to any property caused by or to my horse(s), attendants or myself. Presentations of a signed entry form or first entry into the ring shall be deemed as acceptance of rules.

Signatures below indicate that signer has read & understands all of the above.

Signature of Exhibitor, Parent or Agent: _____ Date: _____

SEND ENTRY FORM TO:
Eleanor J. Roberts
P.O. Box 89
East Waterboro, Maine 04030
Email: Meaphcshow@gmail.com

Landline Telephone: 207-247-4454

