

VAHA DISTRICT 6 OPEN HORSE SHOW ENTRY FORM

ENTRY FEES:

\$8.00 - Regular Classes \$10.00 - Championship Classes

These Shows are "Ride Through The Gate"

HORSE _____ BREED _____ AGE _____

EXHIBITOR _____ JR EXHIBITOR YES _____ AGE _____

ADDRESS _____ EMAIL _____

CITY/STATE/ZIP _____ PHONE _____

OWNER _____ (OFFICE) COGGINS _____ HORSE # _____

Class #25/\$1.00; Class #22/\$3.00
No entry fee for Championships #5 & #9
Championship Classes @ \$10.00:
42,43,44,45,46,47,48,49,50,51,52,53,54

ENTRY FEES _____

STALLS/GROUNDS _____

BEDDING _____

CHECK HERE IF TRAINING HORSE
(Not to be judged)

TOTAL SHOW FEES _____

OTHER COSTS: (AWARDS, T-SHIRTS/SWEATSHIRTS, MEMBERSHIP, ETC) _____

CHECK/CASH _____

**A COPY OF NEGATIVE COGGINS IS REQUIRED, DATED WITHIN 12 MONTHS.
A COPY OF REGISTRATION PAPERS MUST BE PROVIDED FOR HORSES
ENTERED IN CLASSES RESTRICTED TO ARABIANS/HALF-ARABS.**

INDEMNITY AND RESPONSIBILITY - All entries are accepted with the understanding that neither VAHA and its members, the Wakefield 4-H Center and its employees, nor any show official or volunteer will be held responsible for any loss, damage, or injury to any horse or article of any kind. All horses shall be under control and direction of the show committee but solely at the risk of the rider/handler/owner, who will be responsible for any loss, damage, or injury to any person, animal or property occasioned by him and the rider/handler/owner shall indemnify the above mentioned parties against any and all loss, damages, and liability thus occasioned, including but not limited to any and all legal costs. The submitting of an entry form to the committee shall constitute an acceptance by each person signing same of the provisions herein set forth.

SIGNATURE OF RIDER/HANDLER _____ DATE _____

JUNIOR CONSENT - I hereby consent to the entry of my child in this horse show and acknowledge that I waive any and all responsibility from VAHA, Wakefield 4-H Center, and show officials and agree to the applicable terms, conditions, waivers and consent as set forth herein and accept responsibility hereunder for the participation of said minor.

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____

STALL RESERVATION FORM

VAHA DISTRICT 6 OPEN HORSE SHOW
WAKEFIELD, VA

Please make copies of this form for future use before mailing.

THE STALL RESERVATIONS BELOW ARE FOR THE HORSE SHOW ON:

PLEASE CIRCLE ONE: Apr May July Sept Oct

NAME _____

PHONE # _____

PLEASE STABLE WITH _____

SPECIAL REQUEST _____

**RESERVATIONS MUST BE POSTMARKED 7 DAYS PRIOR TO THE SHOW.
Stalls will be assigned on a first paid, first assigned basis.**

_____ **Horse Stalls with no bedding** @ \$30 _____

_____ **Tack stalls** @ \$30 _____

TOTAL ENCLOSED \$ _____

NOTE: If you need overnight stabling, you **MUST** contact our Barn Manager at least one week prior to the Show to receive stall assignments and directions on how to check in at Wakefield. Overnight stalls **MUST** be paid for in advance, **AND** check **MUST** be accompanied by a current negative Coggins, unless a current Coggins is on file from a recent show.

If shavings are needed, you must contact the folks at Wakefield.
A \$3.00 per horse grounds fee will be charged at the Show for horses shown out of trailer to help offset Wakefield's rising costs.

**PAYMENT MUST ACCOMPANY FORM TO BE ASSIGNED STALLS.
MAKE CHECK PAYABLE TO VAHA DISTRICT 6 AND REMIT TO:**

**KATHARINE OWENS, 17339 DAYS POINT RD,
SMITHFIELD, VA 23430, 757-356-9703, kathapine1977@yahoo.com**