

Closing Dates

Received by: August 18, 2023

Entries received after August 18th will be subject to a \$10 late entry fee, per horse.

Central Region Morgan Horse Show

August 26-27, 2023

SEND TO:
Lindsey Pinkham-Heiden
20266 S. 190th Street
Adams, NE 68301
lpinkham@hotmail.com
402-630-9421

Name of First Horse			Reg. No.			DOB			Sex		
Sire				Dam				Horse USEF #			
Class #	Rider	Class #	Rider	Class #	Rider	Class #	Rider	Class #	Rider	Total Fees	
	A B C		A B C		A B C		A B C		A B C		
Class #	Rider	Class #	Rider	Class #	Rider	Class #	Rider	Class #	Rider	Total Fees	
	A B C		A B C		A B C		A B C		A B C		

Name of Second Horse			Reg. No.			DOB			Sex		
Sire				Dam				Horse USEF #			
Class #	Rider	Class #	Rider	Class #	Rider	Class #	Rider	Class #	Rider	Total Fees	
	A B C		A B C		A B C		A B C		A B C		
Class #	Rider	Class #	Rider	Class #	Rider	Class #	Rider	Class #	Rider	Total Fees	
	A B C		A B C		A B C		A B C		A B C		

Each person signing this entry form acknowledges that he/she has read the front and reverse of this Entry Form and agrees to the applicable terms, conditions, waivers, releases, indemnification and consent as set forth herein. Each person agrees that the information is accurate to the best of his/her knowledge. ALL OWNERS, TRAINERS, RIDERS, DRIVERS & HANDLERS MUST SIGN ON THE BACK. Minor entrants must also have parent/guardian signature(s) on the back.

Owner Name (as it appears on reg. papers or contract)		<input type="checkbox"/> AMHA #
		<input type="checkbox"/> AHA #
Address		USEF #
City, State, Zip		Phone
Email Address		

Coach/Trainer		<input type="checkbox"/> AMHA #
		<input type="checkbox"/> AHA #
Address		USEF #
City, State, Zip		Phone
Email Address		

A	Rider/Driver/Handler Name _____
	<input type="checkbox"/> AMHA# _____ <input type="checkbox"/> AHA# _____ <input type="checkbox"/> USEF# _____

B	Rider/Driver/Handler Name _____
	<input type="checkbox"/> AMHA# _____ <input type="checkbox"/> AHA# _____ <input type="checkbox"/> USEF# _____

C	Rider/Driver/Handler Name _____
	<input type="checkbox"/> AMHA# _____ <input type="checkbox"/> AHA# _____ <input type="checkbox"/> USEF# _____

TOTAL CLASS FEES	\$
Stalls @ \$100 (Fri-Sat-Sun, 2 nights)	\$
Stalls outside of Fri-Sun @ \$25/day	\$
Tack Rooms @ \$30/day	\$
Office Fee @ \$25/horse	\$
Bedding @ \$12/bale	\$
Rubber Stall Mats @ \$15/day	\$
Jump Out @ \$20/day	\$
Sponsorship THANK YOU!	\$
Add a Class @ \$50/class	\$
Late Entry @ \$10/horse	\$
ENCLOSED TOTAL FEES	\$

Stabling requests, shared tack stalls, or any other information necessary to the show office. Please include name and phone number of hotel you are staying at, in case of an emergency.

Make checks payable to MVMHC or you may pay via PayPal using the email address centralregionshow@gmail.com
