

NEPHC Show Entry Form – July 19, 2008 – Topsfield, MA

**Attach Copies of Registration Papers,
Coggins, Rabies, APHA Cards**

NEPHC Member?
 Yes No

Back Number

Horses Name:		
Sex: M <input type="checkbox"/> S <input type="checkbox"/> G <input type="checkbox"/>		Year Foaled:
Registration No:		
Owner's Name:		
APHA ID No:		
Address:		
City:	State:	Zip:
Phone Number:		
Email:		
Amateur/Novice Amateur Name:		
APHA ID No:		
Address:		
City:	State:	Zip:
Phone Number:		
Relationship to Owner:		
Open Exhibitor Name:		
APHA ID No:		
Address:		
City:	State:	Zip:
Phone Number:		
Youth/Novice Youth Name:		
Date of Birth:		
APHA ID No:		
Address:		
City:	State:	Zip:
Phone Number:		
Relationship to Owner:		
Leadliner Name:		
Date of Birth:		

SATURDAY							
Youth							
Novice Youth							
Youth Walk-Trot							
Amateur							
Nov Amateur							
Open/Adult W/T							
Solid Bred							

INDIVIDUAL CLASS FEES		
Youth		@ \$11
Novice Youth		@ \$11
Youth Walk-Trot		@ \$10
Amateur		@ \$15
Nov Amateur		@ \$15
Open/Adult W/T		@ \$15
Solid Bred		@ \$ 5

WEEKEND FEES (5 or more classes)		
Youth		@ \$55
Novice Youth		@ \$55
Youth Walk-Trot		@ \$40
Amateur		@ \$75
Nov Amateur		@ \$75
Open/Adult W/T		@ \$75
Cross Over Fee		@ \$35

FOR OFFICE USE ONLY – Do not fill out		
Office Fee	\$5/horse/Judge	10.00
APHA Fee	\$2/horse/Judge	4.00
Trailer in Fee	Per day @ \$15	
Camper Fee	Per night @ \$25	
Stall Fee (prepaid)	@ \$50	
Stall Fee (post)	@ \$60	
Membership Fee	Adult @ \$35	
Membership Fee	Youth @ \$25	
Back No.	@ \$ 5	
Other		
	Total =	

DISCLAIMER: In accepting my entry, I hereby release NEPHC, its officers, directors, members and the host facility from any and all claims or right for damages which may occur to me, my horse or my property at this show. I assume full responsibility for any damages and/or injuries done by me or my horse at this show. If the exhibitor is a minor, I hereby consent to the entry of this minor in this show and accept full responsibility for the minor's participation. **I have read the above before signing.**

 Owner/Exhibitor/Agent/Guardian & Date

*NOTE: \$25.00 Fee will be charged for all returned checks
 NOTE: \$25.00 Fee will be charged if show bill is not paid in full by end of the show.*