

Tri-Spots KSHA Entry Form-Please use one form per Horse

Horse Name: _____
Breed: _____ Year Foaled _____
Sex(circle one) _____ Stallion / Mare / Gelding _____

Owner Name: _____
Address: _____
City: _____ State: _____ Zip Code _____
Phone: _____ Email Address: _____

Exhibitor # 1 Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: _____ Email: _____
Youth Birthdate: _____
Open Classes: _____ . _____ . _____ . _____ . _____ . _____
_____ . _____ . _____ . _____ . _____ . _____ . _____ . _____ . _____ . _____
Youth Classes: _____ . _____ . _____ . _____ . _____ . _____ . _____ . _____ . _____ . _____

Exhibitor #2 Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: _____ Email: _____
Youth Birthdate: _____
Open Classes: _____ . _____ . _____ . _____ . _____ . _____ . _____ . _____ . _____ . _____
_____ . _____ . _____ . _____ . _____ . _____ . _____ . _____ . _____ . _____
Youth Classes: _____ . _____ . _____ . _____ . _____ . _____ . _____ . _____ . _____ . _____
_____ . _____ . _____ . _____ . _____ . _____ . _____ . _____ . _____ . _____

FEES

Office Charge:(\$10/horse) _____ # of horses X \$10 = _____

Entry Fees: _____ # of adult classes X \$10= _____

_____ # of youth classes X \$5= _____

Stalls _____ # of stalls X \$50= _____

Shavings _____ #of bags X \$9= _____

Electric Hook-up 1st night @ \$35 _____

2nd night @ \$15 _____

Water Hook-up \$5/day _____

Total Fees due: _____

Bill to: _____