

SALINA CHARITY HORSE SHOW - OCTOBER 7-9, 2011

CHECKS TO COVER ALL FEES MUST ACCOMPANY ENTRIES
ENTRIES CLOSE SEPTEMBER 16, 2011

MAIL ENTRIES TO:
 SALINA CHARITY HORSE SHOW
 PO BOX 1160
 DERBY, KS 67037

ENTRY #	NAME OF HORSE <small>Class #'s Below Horses Name</small>	Total Entry Fees	Reg. #	NAME OF EXHIBITOR <small>Exhibitor Address</small>	ONE OWNER PER ENTRY BLANK																																																																									
					Name _____																																																																									
					Street _____																																																																									
					City _____																																																																									
					State _____																																																																									
					Zip _____																																																																									
HORSE ARRIVAL DATE <small>Stalls will not be available until Thursday, October 6, 2011 12:00 Noon Unless special arrangements are made</small>		STABLE WITH <small>Must Appear on Both Entry Blanks</small>		BILL ENTRIES AND SEND PAYBACK TO: STABLE NAME _____ NAME _____ STREET _____ CITY _____ ST _____ ZIP CODE _____ PHONE NUMBER _____ ALL PAYBACK MONEY WILL BE PAID TO THE ABOVE																																																																										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Total Entry Fees</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td>Stall Fee</td> <td>@ \$50</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Jump Out Fee - Per Horse</td> <td>@ \$15</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Office Fee - Per Horse</td> <td>@ \$10</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Post Entry - Per Horse**</td> <td>@ \$10</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Bag Shavings</td> <td>@ \$7</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Straw Bales</td> <td>@ \$6</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Horse Show T Shirts (Specify Qty and Size)</td> <td>@ \$15</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total Due</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		Total Entry Fees								Stall Fee	@ \$50							Jump Out Fee - Per Horse	@ \$15							Office Fee - Per Horse	@ \$10							Post Entry - Per Horse**	@ \$10							Bag Shavings	@ \$7							Straw Bales	@ \$6							Horse Show T Shirts (Specify Qty and Size)	@ \$15							Total Due								Please Make Checks Payable to: Salina Charity Horse Show				
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We have read and accept the conditions under LIABILITY in the General Rules and Regulations and agree to hold Salina Charity Horse Show harmless for any damage, loss, injury or accident to property, animals or show participants.

Signature of Owner, Manager or Trainer _____

**ALL OUT OF STATE HORSES MUST HAVE A NEGATIVE COGGINS TEST PERFORMED WITHIN 12 MONTHS OF THE SHOW AND HEALTH PAPERS CURRENT WITHIN 45 DAYS
 COGGINS AND HEALTH PAPERS MUST BE PRESENTED AT HORSE SHOW OFFICE CHECK-IN BEFORE RECEIVING BACK NUMBERS**