

SALINA CHARITY HORSE SHOW - OCTOBER 8-10, 2010

CHECKS TO COVER ALL FEES MUST ACCOMPANY ENTRIES
ENTRIES CLOSE SEPTEMBER 17, 2010

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

ENTRY #	NAME OF HORSE <small>Class #'s Below Horse 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 7, 2010 12:00 Noon</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 _____	
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 _____ Exhibitor Party Pass @ \$10 _____ Total Due _____				ALL PAYBACK MONEY WILL BE PAID TO THE ABOVE	
Please Make Checks Payable to: Salina Charity Horse Show					

****Post Entry Fee Must Be Paid on Any Entries Postmarked After September 17, 2010** 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 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