

# 30<sup>th</sup> UPHA CHAPTER 9 KENTUCKY FALL CLASSIC HORSE SHOW

## ACADEMY ENTRY FORM

October 7, 2017

Kentucky Horse Park, Lexington, Kentucky

**Entries close October 3, 2017**

One Horse per entry Blank  
 Make checks payable to:  
 Kentucky Fall Classic Horse Show  
 Entries may be paid by credit card below

Mail To: Kentucky Fall Classic Horse Show  
 65 Old Taylorsville Road  
 Shelbyville, KY 40065  
 Phone (502) 314-7960 or Fax (502) 633-6207  
 Email: [bethandscott@kih.net](mailto:bethandscott@kih.net)

PLEASE PRINT OR TYPE (Fill out completely)

**Owner** \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

**Trainer/Instructor** \_\_\_\_\_ Stable \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ email \_\_\_\_\_

Signature \_\_\_\_\_

	Office Use Only	Class	Entry Name	Rider/Handler	Age	City/State	Fee
1							
2							
3							
4							
5							
6							
						<b>Total Entry Fees</b>	

I hereby enter the above horses and riders at my own risk and subject to the rules and regulations of the Show. I further agree that if any damage is occasioned or loss occurs to the horses exhibited, to any vehicle or other articles which I may send with said horses, I will make no claim therefore against the Kentucky Fall Classic Horse Show or any participating organizations.

	<b>TOTAL ENTRY FEES</b>	\$
#	<b>STALLS @ \$135 EACH (week)</b>	\$
#	<b>OFFICE FEE PER ENTRY</b>	\$ <b>25.00</b>
	<b>TOTAL REMITTANCE</b>	\$

CHECK # \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_ WE ALSO ACCEPT: VISA \_\_\_\_\_ MASTER CARD \_\_\_\_\_

CARD # \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_ SECURITY CODE \_\_\_\_\_

CARD HOLDER NAME (please print) \_\_\_\_\_ CARD HOLDER SIGNATURE \_\_\_\_\_

ALL HORSES MUST HAVE NEGATIVE COGGINS TEST PERFORMED WITHIN 12 MONTHS OF SHOW, AND HEALTH PAPERS FOR ALL HORSES CURRENT WITHIN 30 DAYS

CHECK # \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_