



October Dressage Show

NO.

SHOW DATES:

October 28-29, 2017

Horse Information

Horse's Name	Breed	Sex	Age	Height	Color	For Sale ?	Country Where Foaled?
Name of Sire	Name of Dam	Name of Dam's Sire		Breeder	Coggins Date		

Registration Numbers (Must Enclose Copies)

Horse	Rider	Owner	Trainer	Coach
USEF#	USEF#	USEF#	USEF#	USEF#
USDF#	USDF#	USDF#	Effective starting with the 2018 USDF Regional Championship Qualifying Season, the USDF qualifying fee has increased to \$15.	
Local#	Local#	Local#		

Class No.	Day	Class Description	"Q"	Division	Fees

Rider: _____
 Address: _____
 City/St/ZIP: _____
 Phone: _____
 Email: _____
 US Citizen: Yes: _____ No: _____ If No: _____
 Jr/YR Birthday: _____

Owner: Check if same as Rider
 Name: _____
 Address: _____
 City/St/ZIP: _____
 Phone: _____
 Email: _____

Trainer: Check if same as Rider
 Name: _____
 Address: _____
 City/St/ZIP: _____
 Phone: _____
 Email: _____

Coach: _____
 Name: _____
 Address: _____
 City/St/ZIP: _____
 Phone: _____
 Email: _____

TOTAL CLASS FEES (from above)	
OTHER FEES (See Prize List):	
USDF Non-Member Fee (\$35 - per rider/owner/trainer)	
USDF HID Fee (\$25 - see prize list)	
USEF Non-Member Fee (\$30 - per rider/owner/trainer)	
USEF Fee per horse (\$8 Drug Fee/\$8 USEF Fee)	\$16.00
Stabling:	
Weekend (Fri. - Sun. w/ 2 shavings - \$125)	
One Night (w/ 1 shavings - \$75)	
Additional Night (added to Weekend - \$25 per night)	
Grounds Fee (\$50 - Non-Stabled Horses Only)	
Tack Stall (\$75 per weekend - no shavings)	
Night Watch (\$5 per horse, per night)	
Extra Shavings (\$7 per bag - # bags? _____)	
Late Fee (\$30 for entries accepted after closing date)	
Non-Competing Horse (\$25 in addition to stabling, etc.)	
Office Fee (per entry)	\$30.00
RV/Camper (110V - 20 amp) \$30/night	
RV/Camper (220V - 30/50 amp) \$40/night	
TOTAL FEES	

Stabling & Information

Day Arriving: _____ Day Departing: _____

Stable with: _____

Hotel & Phone: _____

Emergency Contact & Phone: _____

Payment Method: Check Visa MasterCard Discover **Exp. Date:** _____ / _____

Card Number: _____ - _____ - _____ - _____

Card Holder's Name (Print): _____ **Billing Zip Code:** _____

Card Holder's Signature: _____