

BLUEGRASS ARABIAN HORSE ASSOCIATION

ALL BREED OPEN HORSE SHOW ENTRY FORM

CURRENT HEALTH CERTIFICATE & NEGATIVE COGGINS FOR ALL HORSES MUST BE PRESENTED UPON ARRIVAL *

Name: _____

Address: _____ Phone: _____

City/State/Zip: _____

Email: _____ BAHA Member: YES___ NO___

Stable with _____

Entry #: _____ Exhibitor Name: _____

Horse Name: _____ Stallion ___ Mare ___ Gelding ___ Breed _____

Class #										
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Entry #: _____ Exhibitor Name: _____

Horse Name: _____ Stallion ___ Mare ___ Gelding ___ Breed _____

Class #										
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Entry #: _____ Exhibitor Name: _____

Horse Name: _____ Stallion ___ Mare ___ Gelding ___ Breed _____

Class #										
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SUBMIT ENTRIES:

**Lorie Henderson
509 Spinpointe Road
Fisherville, Ky 40023
(502) 477-1018
Firelite01@aol.com**

**PRE-ENTRIES CLOSE
APRIL 19, 2017**

- The Show Office will be open on Friday April 28nd from 3pm to 7pm and on Saturday & Sunday April 29th & 30th from 6am and will stay open until one hour after the last class.
- NO Refunds will be made due to inclement weather or anything that is beyond the show facility or show management's control.

	FEE	QTY	TOTALS
Pre - Entry Class Fee (each)	\$18		
Post - Entry Class Fee (each)	\$25		
BAHA Member <u>Only</u> Class	\$0		\$0
Office Fee @ \$10.00 (Per Entry)	\$10		
Tack Stall (1 per 5 horses entered) (One Day / Sat or Sun)	\$30		
Tack Stall (1 per 5 horses entered) (2 Day Special / Sat & Sun)	\$50		
Horse Stall (One Day / Sat or Sun)	\$30		
Horse Stall (2 Day Special / Sat & Sun)	\$50		
Showing out of Trailer (\$15 Per Horse)	\$15		
Camper Electric Hookup (each)	\$50		
TOTAL FEES			\$
Make checks payable to BAHA			

WARNING Under Kentucky law, a farm animal activity sponsor, farm animal professional or other person does not have the duty to eliminate all risks of injury participation in farm animal activities. There are inherent risks of injury that you voluntarily accept if you participate in farm animal activities. KRS\247.4027
Participant or Guardian Signature _____

Office use only: Pre-entry _____ Post Entry _____ Coggins/Health Papers _____

Cash Amount _____ Check# _____ Check Amount _____

ALL PAPERWORK COMPLETE: _____