



# Entry Form

ENTRY NUMBER

## CSHA Region 3 English Western Shows

One Horse and Rider/Handler combination per entry form. PRINT LEGIBLY

|  |  |  |  |              |       |       |        |       |  |  |  |  |
|--|--|--|--|--------------|-------|-------|--------|-------|--|--|--|--|
| RIDER'S NAME   |  |  |  | AGE          | PHONE |       |        | EMAIL |  |  |  |  |
| MAILING ADDRESS  |  |  |  | CITY         |       |       | STATE  | ZIP   |  |  |  |  |
| HORSE'S NAME   |  |  |  | AGE          | SEX   | COLOR |        | BREED |  |  |  |  |
| CSHA MEMBER YES _____ NO _____   |  |  |  | MEMBERSHIP # |       |       | REGION |       |  |  |  |  |
| <b>CLASSES ENTERED</b> <b>ADDITIONS OR DELETIONS ALLOWED ONLY WITH AN OPEN CHECK</b> |  |  |  |              |       |       |        |       |  |  |  |  |
|  |  |  |  |              |       |       |        |       |  |  |  |  |
|  |  |  |  |              |       |       |        |       |  |  |  |  |

**FEE SCHEDULE:**  
 \$10/class post entries only  
 \$15 Grounds Fee SHP  
 \$10 Grounds Fee Running  
 \$5/Per Horse Drug Fee

**SHOW FEES:**  
 Total Classes: \_\_\_\_\_ x \$10 = \$ \_\_\_\_\_  
 Grounds Fee SHP \$15 = \$ \_\_\_\_\_  
 Grounds Fee Running I \$10 = \$ \_\_\_\_\_  
 CDFA DRUG TESTING FEE \$ 5.00  
 Stall Fees \$ \_\_\_\_\_  
 TOTAL SHOW FEES: \$ \_\_\_\_\_

**MAKE CHECKS PAYABLE TO: CSHA REG. 3**

**FOR OFFICE USE ONLY**

CLASSES CLASS# \_\_\_\_\_ \$ \_\_\_\_\_ PAID CLASS# \_\_\_\_\_ \$ \_\_\_\_\_ PAID CLASS# \_\_\_\_\_ \$ \_\_\_\_\_ PAID  
 ADDED CLASS# \_\_\_\_\_ \$ \_\_\_\_\_ PAID CLASS# \_\_\_\_\_ \$ \_\_\_\_\_ PAID CLASS# \_\_\_\_\_ \$ \_\_\_\_\_ PAID

PAYMENT INFORMATION OTHER \_\_\_\_\_ \$ \_\_\_\_\_ OTHER \_\_\_\_\_ \$ \_\_\_\_\_  
 CHECK NUMBER \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_ ( ) OPEN CHECK CASH AMOUNT \$ \_\_\_\_\_