

# Asheville Saddlebred Classic Horse Show

May 8-11, 2024—Entries Close April 20, 2024

One Horse Per Entry Blank

Entry blank must be signed on reverse by owners/trainers/riders

## MAIL ENTRIES TO:

Liz Holmes

PO Box 362

Mebane, NC 27302

919-672-3741

lizholmes1957@gmail.com

Make Checks Payable to: **HOLMES HORSE SHOW MANAGEMENT**

OFFICE USE	NAME OF HORSE	REG #	YR FOALED	SEX	BREED	HEIGHT	COLOR	USEF HORSE ID #
	RIDER/DRIVER/HANDLER		CLASS	CLASS	CLASS	CLASS	CLASS	ENTRY FEES
			FEE	FEE	FEE	FEE	FEE	\$
	RIDER/DRIVER/HANDLER		CLASS	CLASS	CLASS	CLASS	CLASS	ENTRY FEES
			FEE	FEE	FEE	FEE	FEE	\$

Please provide all applicable association numbers in space below.

### OWNER (as appears on registration papers)

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

USEF \_\_\_\_\_ ASSOC # \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

### TRAINER

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

USEF \_\_\_\_\_ ASSOC # \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

RIDER 1 \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

USEF \_\_\_\_\_ ASSOC # \_\_\_\_\_

RIDER 2 \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

USEF \_\_\_\_\_ ASSOC # \_\_\_\_\_

### TOTAL CLASS FEES

\_\_\_\_\_ Horse Stalls @ \$150 \_\_\_\_\_

\_\_\_\_\_ Tack Stalls @ \$150 \_\_\_\_\_

\_\_\_\_\_ Early Arrival @ \$25 per stall \_\_\_\_\_

\_\_\_\_\_ Non-Showing Fee @ \$150/horse \_\_\_\_\_

\_\_\_\_\_ Office Fee @ \$35 per horse \_\_\_\_\_

\_\_\_\_\_ Post Entry Fee @ \$30 per horse \_\_\_\_\_

\_\_\_\_\_ Camper Fee @ \$50 per day/night \_\_\_\_\_

\_\_\_\_\_ Camper arriving \_\_\_\_\_ departing \_\_\_\_\_

\_\_\_\_\_ Sponsorship \_\_\_\_\_

\_\_\_\_\_ Shavings @ \$9/bag \_\_\_\_\_

\_\_\_\_\_ Pre-beds @ \$17/stall \_\_\_\_\_

### TOTAL FEES

\_\_\_\_\_

Checks to cover all fees must accompany entries.

All credit card payments will be charged a 4% convenience fee.

### EMERGENCY CONTACT #

### HOTEL WHILE AT THE SHOW

### STABLE WITH/ARRIVAL DATE & TIME

### PAYMENT METHOD

Check

Credit Card

\_\_\_\_\_ Acct # \_\_\_\_\_

\_\_\_\_\_ Exp Date \_\_\_\_\_

\_\_\_\_\_ Sec. Code \_\_\_\_\_

\_\_\_\_\_ Signature of cardholder \_\_\_\_\_

I agree neither the Asheville Saddlebred Classic, the WNC AG Center, The State of North Carolina, nor the Management, nor the officials of the Show will be responsible for any accident, damage, loss or injury to mount, owner, rider or other persons or property. It will be the condition of entry that each exhibitor shall hold the horse show and its management blameless for any loss or accident to any animal, person or property that may occur from sickness, fire and otherwise at this show. Under North Carolina Law, an Equine Activity Sponsor or Equine Professional is not liable for any injury to or the death of a participant in equine activities resulting exclusively from the inherent risks of equine activities. Chapter 99E of the North Carolina General Statutes. I further agree that if any damage shall be occasioned or loss occur, by fire or otherwise, to the horses exhibited, or to any vehicle or other article that I may send with such horses that I will make no negligence or the persons in charge of such horses and to repay this show, on demand, all damages it may sustain by reason of any claim or demand as aforesaid.

**BY SIGNING BELOW, I AGREE** to be bound by all applicable Federation Rules and all terms and provisions of this entry blank and all terms and provisions of this Prize List. If I am signing and submitting this Agreement electronically, I acknowledge that my electronic signature shall have the same validity, force and effect as if I affixed my signature by my own hand.

<b>Owner/Agent (mandatory)</b>	<b>Rider/Driver/Handler 1 (mandatory)</b>	<b>Trainer (mandatory-must be 18 or older)</b>
Signature:	Signature:	Signature:
Print Name:	Print Name:	Print Name:
<b>Rider/Driver/Handler 2 (if applicable)</b>	<b>Rider/Driver/Handler 3 (if applicable)</b>	
Signature:	Signature:	
Print Name:	Print Name:	