

→ PRE-ENTRIES DUE DEC 31

Email: _____



SHOW ME THE MONEY - January 9 - 13, 2019

AQHA Reg# _____

Horse's Name _____ Sex _____ Age _____

Owner's Name _____ Phone # _____

Address _____ City _____ St. _____ Zip _____

NSBA# _____ TRAINER: _____ LODGING: _____

Rider #1 OPEN AM YTH AQHA# _____

Name _____ Relationship to owner _____

Address _____ City _____ St. _____ Zip _____

CLASSES

| | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

Rider #2 OPEN AM YTH AQHA# _____

Name _____ Relationship to owner _____

Address _____ City _____ St. _____ Zip _____

CLASSES

| | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

Rider #3 OPEN AM YTH AQHA# _____

Name _____ Relationship to owner _____

Address _____ City _____ St. _____ Zip _____

CLASSES

| | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

Total Entry Fees \$ _____

Stalls \$185 *(Prepay separate ck) \$ _____

Haul In \$35/day/horse \$ _____

R.V. \$250/show \$ _____

Post Entry \$25 (after 12/31) \$ _____

PCHA Horse Fee \$3 \$ _____

PCHA Non Member \$5 \$ _____

AQHA Horse Fee \$5/Judge \$ _____

Trail Schooling Fee \$40 \$ _____

State Drug Fee \$ 5.00 _____

Office Fee \$ 25.00 _____

TOTAL DUE \$ _____

Payable to: SCQHEA
P.O. BOX 2155
COSTA MESA, CA 92628
(714) 444-2918

I agree to the rules, regulations, and terms of this show:

Signature

STABLE WITH **TRAINER** _____

OTHER _____