

Entry Form

Easter Celebration ASPC/ASPR SHOW April 7th, 2023

World equestrian Center Ocala, FL

Postmarked by March 21 or emailed March 28, 2023

Farm Name: _____

Owner Name: _____

Address: _____

City, State, Zip _____

Phone &

Email _____

I certify that I am a Youth or Amateur as required by the Rules of ASPC/ASPR. Name and date of birth

1 _____ ASPC#/ASPR# _____

2 _____ ASPC#/ASPR # _____

3 _____ ASPC#/ASPR # _____

4 _____ ASPC#/ASPR # _____

Youth Must provide Date of Birth – Age group determined by Age on January 1st of current year.

I hereby enter miniature horse(s)/pony(s) in the classes below. In entering the horse(s)/pony(s) in participation in such events and in making use of property privileges, I will abide and be bound by all rules and regulations. I hereby hold harmless the show manager, show secretary, show organizers, WEC, sponsors or sponsor management from any loss, damage or injury to any person or property resulting from such entry, participation or use of such property or privileges. Youth under 17 must wear a helmet while driving. THIS SHALL BE A CONDITION OF ENTRY to this show or show grounds. WARNING ALL PARTICIPANTS agree that the equine activity sponsor and/or equine professional(s) of this event are not liable for injury to, or the death of, a participant in this equine event resulting from the inherent risks of equine activities.

Exhibitor Signatures: _____

Parent or Guardian (for Youth Exhibitor) _____

Must be signed before Participation.

Multiple horses can be added on this page.

Registered Name of Horse 1	Reg. Number ASPC/ASPR	Sex	DOB	Registered Owner	Number (office)	Height (office)

Classes (in boxes below) & Exhibitor: _____

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Classes (in boxes below) & Exhibitor: _____

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Registered Name of Horse 2	Reg. Number ASPC/ASPR	Sex	DOB	Registered Owner	Number (office)	Height (office)

Classes (in boxes below) & Exhibitor: _____

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Classes (in boxes below) & Exhibitor: _____

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Registered Name of Horse 3	Reg. Number ASPC/ASPR	Sex	DOB	Registered Owner	Number (office)	Height (office)

Classes (in boxes below) & Exhibitor: _____

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Classes (in boxes below) & Exhibitor: _____

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THIS FORM MAY BE REPRODUCED

This show is approved by and conducted under the rules of the ASPC/ASPR, Morton, Illinois. All entered horses must be registered with ASPC/ASPR. Youth/Amateur Exhibitors must provide their Current (2023) ASPC/ASPR Youth/Amateur number in the space provided on the front of the entry form.

Please use this form for all shows.

The following must be enclosed with submitted entries:

1. Copy of each horse's Registration Papers: front & back
 2. Copy of Current (2023) Youth/Amateur Card
 3. Coggins Certificate (within one year)
 4. EHV-1 & EHV-4 vaccine proof (within 6 months)
 5. Check for monies due at the show. Make checks payable to **OBMHC or PayPal: Obmhc2019@gmail.com** (exhibitor is responsible for fees)
- Health certificate: due at check-in

ENTRIES ARE TO BE SENT TO: Shari Morris at smorris@wheatonma.edu 501 Bird Rd Mansfield, MA 02048

Postmarked by March 21 or Emailed March 28, 2023

COMPLETE THE FOLLOWING

ENTRIES AND STALLS

Open, Amateur & Adult Special Needs Classes _____ @ \$30.00 per Class \$ _____

Open, Amateur & Adult Special Needs OBMHC members Classes _____ @ \$25.00 per Class \$ _____

Youth Classes _____ @ \$20.00 per Class \$ _____

Youth OBMHC members Classes _____ @ \$15.00 per Class \$ _____

Flat fee OBMHC members only pre-entry only _____ @ \$125.00 per Class \$ _____

Flat fee is 10 classes/horse.

Late entry _____ @ \$5.00 per Class \$ _____

If not postmarked by March 21 or emailed by March 28, 2023.

STALLS _____ @ \$100 Thursday -Sunday \$ _____

Shavings must be purchased here: <https://worldequestriancenter.jotform.com/223222771406146>

Tack STALLS _____ @ \$100 Thursday -Sunday \$ _____

WEC horse fee _____ @ \$5/horse \$ _____

RV HOOKUP _____ @ \$85.00/night \$ _____

OFFICE FEE: _____ # horses X _____ # shows _____ @ \$ 10.00 per horse/show \$ _____

AMHA fee _____ @ \$3/horse \$ _____

TOTAL \$ _____

Make Checks Payable to: OBMHC or PayPal: Obmhc2019@gmail.com (exhibitor is responsible for fees)

Mail Entries: Shari Morris 501 Bird Rd Mansfield, MA 02048

Email entries: smorris@wheatonma.edu

I plan to arrive (Date and approximate time): _____

In case of an emergency, I can be reached at (phone) _____ Hotel/Room _____

Please stall me with/near: _____

Please note any special requests here: _____
