



ONE OWNER PER ENTRY BLANK

OWNER'S NAME: _____

Leave Blank Back #	Name Of Horse Class #	Horse's Age	Horse's Reg. #	Rider/Driver	Rider's Age	Entry Fee \$25 Per Class
	Name Of Equitation Rider Class #				City and State	

Office Use Only

Ck# _____	Ck Amt. _____
Date Rec. _____	Monies Over _____
EB # _____	Monies Under _____

TOTAL FEES: Make checks payable to IASPHA, Inc.

_____ Classes @ \$25

_____ Box Stalls @ \$60

_____ Tack Stalls @ \$60 (1 tack stall per 4 horses)

_____ Office Fee @ \$15 per horse

_____ Grounds Fee @\$15 per horse (showing out of trailer)

_____ Camper hook-up (\$25 per night)

_____ Post Entry Fee @ \$25 per horse

TOTAL Charges

SHOW MANAGEMENT WILL ASSIGN STALLS. NO STALLS WILL BE CHANGED WITHOUT MANAGEMENT APPROVAL.

Stable With _____

COMPLETE BOTH SIDES OF THIS FORM

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SPRING 2007
Saturday, May 12
Sunday, May 13
Entries Close April 30
Mail Entries to Cheryl Rangel



SUMMER 2007
Saturday, July 7
Sunday, July 8
Entries Close June 25
Mail Entries to Eileen Wayte



FALL 2007
Saturday, September 8
Sunday, September 9
Entries Close August 27
Mail Entries to Cheryl Rangel

I hereby release the sponsors of the IASPHA Horse Shows, Boone County Fairgrounds, and the Show Committees, from any loss, damage, injury or liability to any horse, rider, and/or spectator.

Rider/Driver/Handler

Signature _____

Print Name _____

Street _____

City _____

State/Zip _____

Telephone _____

Cell Phone _____

Owner/Agent

Signature _____

Print Name _____

Street _____

City _____

State/Zip _____

Telephone _____

Cell Phone _____

Parent/Guardian Signature: (required if rider/driver/handler is a minor) _____

Print Parent/Guardian Name _____

Mail Spring and Fall entries to: Cheryl Rangel,
1101 Peace Drive
Wheeling IL 60090
Phone: 847-537-4758 Fax: 847-537-4758
e-mail: tracesct@aol.com



Mail summer entries to: Eileen Wayte
6103 Minnesota
Hobart IN 46342
Phone: 219.947-9852

