

28th KENTUCKY SPRING PREMIER HORSE SHOW

April 13 - 15, 2017

Entries close April 3, 2017

One Horse per entry Blank

Make checks payable to:

KENTUCKY SPRING PREMIER HORSE SHOW

Entries may be paid by credit card below.

Mail To: Kentucky Spring Premier Horse Show

956 Hill Rd.

Paris, KY 40361

859-457-0841/loriluvshorses@yahoo.com

PLEASE PRINT OR TYPE (Fill out completely)

Owner _____

Address _____ City/State/Zip _____

Phone # _____ Cell Phone # _____ email _____

Trainer _____

Address _____ City/State/Zip _____

Phone # _____ Cell Phone # _____ email _____

Rider/Driver/Handler _____

Make Checks payable to: _____ Social Security /Tax ID _____

Address _____ City/State/Zip _____

Office use	Horse Name	Color	Sex	Age	Height
Class #					Total Fees
Entry Fee					

	TOTAL ENTRY FEES	\$
#	STALLS @ \$130 EACH	\$
#	DAY STALLS @ \$50 EACH per day (Including early ship-in)	\$
#	GROUNDS FEE (per entry - horses showing not using a stall) @ \$30	\$
#	OFFICE FEE PER ENTRY	\$ 25.00
#	HORSE SHOW SPONSORSHIP	\$
	TOTAL REMITTANCE	\$

I would like to donate my winnings to support the Kentucky Spring Premier Horse Show

Premium Checks not cashed within 90 days of issue will be voided and monies refunded to Kentucky Spring Premier.

I hereby enter the above horses and riders at my own risk and subject to the rules and regulations of the Show. I further agree that if any damage is occasioned or loss occurs to the horses exhibited, to any vehicle or other articles which I may send with said horses, I will make no claim therefore against the Kentucky Spring Premier Horse Show or any participating organizations.

SIGNATURE _____ EMERGENCY CONTACT PHONE _____

CHECK # _____ AMOUNT \$ _____ DATE RECEIVED _____ WE ALSO ACCEPT: VISA _____ MASTER CARD _____

CARD # _____ EXPIRATION DATE _____ SECURITY CODE _____

CARD HOLDER NAME (please print) _____ CARD HOLDER SIGNATURE _____

ALL HORSES MUST HAVE NEGATIVE COGGINS TEST PERFORMED WITHIN 12 MONTHS OF SHOW, AND HEALTH PAPERS FOR ALL HORSES CURRENT WITHIN 30 DAYS

CHECK # _____ AMOUNT \$ _____ DATE RECEIVED _____