Entry Form

Participant					xhibitor ASHA	2014 Member #	
College or Univ	ersity (co	llegiate par	ticipants o	nly)			
Name of Horse:					Horse's ASHA Competition License #:		
Age (if under 1	L8)	Phone			email		
Address				City	9	State Zi	p
assume those ris volunteers, or pa Assoc. horse sho	sks. I agree articipants I ow/clinic be	e that I will no iable for any i eing held Sep	t hold Shov njury or pro	/ Managem perty dam	nent, Missouri Stat age rising out of o		
Signed by Par	ticipant_						
Parent or Gua	ardian if	under 18					
For Novice, Lin	nitea ivon	i-Pro, and N	on-Pro Ki	aer:			
I certify that I ha	ve not rec	eived money	or compen	sation for	riding, training, o	showing horses or	training riders.
Please place an X i	in the box(s) for the class(s	s) you wish t	o enter. Col	legiate Entries, Indi	cate which division yo	ou will show in
Classes	Open*	Non Pro*	Novice*	Youth*	Green Horse* < 6 yr. old	Limited Non-	Collegiate*
All 4 classes	\$85	\$85	\$65	\$50	\$85	\$85	\$50
Pleasure	\$15	\$15	\$15	\$10	\$15	\$15	\$10
Trail	\$15	\$15	\$15	\$10	\$15	\$15	\$10
Reining	\$15	\$15	\$15	\$10	\$15	\$15	\$10
Working Cow w/Cattle Fee	\$50	\$50	\$40	\$30	\$50	\$50	\$30
Class Fees:	\$	\$	\$	\$	\$	\$	\$
	ership and	d ASHA Hor	se License	are requi	ired to compete		re-entry or at the clinied at show a copy of
Stalls	x \$25.00 f	for either 1 o	r 2 nights s	ame charg	e (shavings extra)	Shavings @\$	66/bag
Saturday Clinic F	ee: 1 x \$65	5.00 =		ASHA m	embership \$25	(separate fo	orm required)
Class Fees:		Add \$20 La	te Fee for '	WCH after	9/15/14	_	
Office fee \$10	wai\	ed if particip	ating in bo	th show ar	nd clinic Total Fee	s Due:	
Mail entries to D	r. Gary We	ebb, MSU Sch	iool of Ag, I	Karls Hall, 9	901 South Nationa	al Springfield, MO 6	5897

We prefer that entries or emailed to garywebb@missouristate.edu or faxed to 417-837-2504