

ASHAV September 25-28, 2024

Entries close September 13, 2024

One Horse per entry Blank
 Make checks payable to:
 ASHAV

Mail To: ASHAV
 956 Hill Rd.
 Paris, KY 40361

[859-457-0841/loriluvshorses@yahoo.com](mailto:loriluvshorses@yahoo.com)

PLEASE DO NOT SEND ENTRIES BY SIGNATURE REQUIRED DELIVERY OR THEY WILL NOT BE PROCESSED

Emailed/paper entries will be assessed a \$10/entry fee

Shavings-contact the VA Horse Center at 540-464-2966

Included with this entry:

Registration papers []
 Membership cards:
 ASHA [] AHHS [] ARHPA [] UPHA [] Coggins []

PLEASE PRINT OR TYPE (Fill out completely)

Owner _____ USEF # _____ ASHA# _____ AHHS# _____ ARHPA# _____

Address _____ City/State/Zip _____

Phone # _____ Cell Phone # _____ email _____

Trainer _____ USEF # _____ ASHA# _____ AHHS# _____ ARHPA# _____

Address _____ City/State/Zip _____

Phone # _____ Cell Phone # _____ email _____

Stable Name _____

Rider/Driver/Handler _____ USEF # _____ ASHA# _____ AHHS# _____ ARHPA# _____

Address _____ City/State/Zip _____

Phone # _____ Cell Phone # _____ email _____

Make premium checks payable to: _____ Social Security /Tax ID _____

Address _____ City/State/Zip _____

Office use	Horse Name	Registration #	M / G / S
Class #			Total Fees
Entry Fee			

	TOTAL ENTRY FEES	\$
#	STALLS @ \$175 EACH	\$
#	GROUNDS FEE (Horses showing not using a stall) @ \$30	\$
#	OFFICE FEE PER ENTRY \$40	\$ 40.00
#	HORSE SHOW SPONSORSHIP	\$
#	BOX SEATS (6 seats \$100; 12 seats \$125; 18 seats \$175)	\$
#	TOTAL REMITTANCE	\$

A 4% fee will be assessed for CC processing fees CARD#: _____ EX DATE _____

CARD HOLDER ZIP: _____ SECURITY CODE _____

CARD HOLDER NAME (please print) _____

CARD HOLDER SIGNATURE _____

Entries must be accompanied with some form of payment. Any check returned for insufficient funds or stop payment will be assessed an additional \$50 fee. Any credit cards that are declined will be as-sessed a \$10 fee each time an additional/the same card is run until payment is approved.