



# Region 16 Championship

July 20 - 23, 2011, Syracuse, NY

Entries Close Monday June 20, 2011

PLEASE TYPE OR PRINT ONLY ONE HORSE PER ENTRY FORM.

Horse's Name		Reg. No.		DOB MM/DD/YY	Sex	Color	Sweepstakes Yes No
Sire		Dam		Horse USEF ID#		Horse USDF #	
Rider 1	Classes / Sections						TOTAL FEES
	Entry Fees						\$
Name		DOB MM/DD/YY	Amateur Certificate Yes No		Junior/Amateur Relationship to horse owner		
AHA#		USEF/EC#	USDF#		US Citizen: Yes No		
Address		City		State	Zip		
Rider 2	Classes / Sections						TOTAL FEES
	Entry Fees						\$
Name		DOB MM/DD/YY	Amateur Certificate Yes No		Junior/Amateur Relationship to horse owner		
AHA#		USEF/EC#	USDF#		US Citizen: Yes No		
Address		City		State	Zip		
Rider 3	Classes / Sections						TOTAL FEES
	Entry Fees						\$
Name		DOB MM/DD/YY	Amateur Certificate Yes No		Junior/Amateur Relationship to horse owner		
AHA#		USEF/EC#	USDF#		US Citizen: Yes No		
Address		City		State	Zip		

Each person signing this entry form acknowledges that he/she has read the front and reverse of this Entry Form and agrees to the applicable terms, conditions, waivers ALL OWNERS, TRAINERS, RIDERS, DRIVERS & HANDLERS MUST SIGN ON THE BACK. Minor entrants must also have parent/guardian signature(s) on the back., releases, indemnification and consent as set forth herein. Each person agrees that the information is accurate to the best of his/her knowledge.

**THE FOLLOWING MUST BE SENT WITH YOUR ENTRIES QUALIFICATIONS**  
**Photo copies of AHA, USEF/EC Membership cards for each Rider/Driver/Handler/ Trainer/Owner, Horses Registration papers & Purchase contract if applicable and Stall Reservation Forms**

**OWNER INFORMATION** Owner name as it appears on registration papers/purchase contract

Name \_\_\_\_\_  
 AHA# \_\_\_\_\_ USEF/EC# \_\_\_\_\_ USDF# \_\_\_\_\_  
 Farm/Ranch \_\_\_\_\_ USEF Farm# \_\_\_\_\_  
 Current Address \_\_\_\_\_ Phone \_\_\_\_\_  
 City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
 Email \_\_\_\_\_

**TRAINER INFORMATION** (must be filled out, if there is no trainer, owner may write same in trainer information)

Name \_\_\_\_\_  
 AHA# \_\_\_\_\_ USEF/EC# \_\_\_\_\_ USDF# \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

**ADDITIONAL INFORMATION** Camper Plate # \_\_\_\_\_ Camper make \_\_\_\_\_

Send Acknowledgement to Owner \_\_\_\_\_ Trainer \_\_\_\_\_  
 Email Acknowledgement to (Print) \_\_\_\_\_

Send Stall Reservation form with entries. Stalls are assigned using this form.

**Total Entry Fees** ----- \$ \_\_\_\_\_  
 \_\_\_\_\_ Office Fee (per horse) @ ----- \$ 25.00  
 \_\_\_\_\_ USEF Fee @ ----- \$ 15.00  
 7. Drug, 8. Admin  
 \_\_\_\_\_ AHA Resolution 9-90 @ ----- \$ 15.00  
 \_\_\_\_\_ Box Stalls ----- \$ \_\_\_\_\_  
 No initial bedding  
 \_\_\_\_\_ Tack Stall ----- \$ \_\_\_\_\_  
 See fees for stall cost / location  
 \_\_\_\_\_ Standing Stall Main barn only ----- \$ \_\_\_\_\_

**Non Member/Single Event Fees:**  
 \_\_\_\_\_ USEF Non Member @30 ----- \$ \_\_\_\_\_

**Other Fees**  
 \_\_\_\_\_ Camper @ 200.00 full wk ----- \$ \_\_\_\_\_  
 \_\_\_\_\_ Camper @ 60.00 per day ----- \$ \_\_\_\_\_  
 \_\_\_\_\_ Patron ----- \$ \_\_\_\_\_  
 \_\_\_\_\_ Sponsor ----- \$ \_\_\_\_\_  
 \_\_\_\_\_ Box Seat @ 50.00 ----- \$ \_\_\_\_\_  
 \_\_\_\_\_ Incomplete Fee @15.00 ----- \$ \_\_\_\_\_

Donation to the (circle 1)  
 Foundation Galleries Horsemans Fund ---- \$ \_\_\_\_\_  
 For more information please refer to General Rules

**TOTAL FEES DUE** ----- \$ \_\_\_\_\_

ENTRIES CLOSE June 20, 2011 Mail to: Region 16 % Marlene Kriegbaum, 5780 Hunters Creek Rd, South Wales, NY 14139 716-655-1536 arabshows@mac.com				Make Checks payable to Region 16	
Name on CC				Office Use Total \$	
Credit Card#				Paid \$	
Exp Date	CVS code	Signature		Check Number	
CC Billing address (include zip)				Date Rcvd	

**ALL ENTRY FORMS MUST BE PROPERLY SIGNED ON BACK**  
**ANYONE WISHING TO BE STABLED TOGETHER MUST SEND ENTRIES IN SAME ENVELOPE WITH COMPLETED STALL RESERVATION FORM**

**AHA ENTRY AGREEMENT**

I have read the rules concerning competitions as printed in the Arabian Horse Association (AHA) Handbook / Directory and Competition Prize List and agree to be bound by and subject to those Rules.

**AHA ASSUMPTION OF RISK, RELEASE AND INDEMNIFICATION**

**This document waives very important legal rights. Read it carefully before signing.**

In consideration for AHA permitting me to participate in this Competition, and by signing the entry blank, I agree as follows:

**I AGREE** that I choose to participate voluntarily in this Competition, as a rider, driver, handler, lessee, owner, agent, coach, trainer, junior exhibitor, or as a parent or guardian of a junior exhibitor. **I AM FULLY AWARE AND ACKNOWLEDGE THAT HORSE SPORTS AND PARTICIPATION IN THIS COMPETITION INVOLVE SERIOUS RISK OF HARM INCLUDING, BUT NOT LIMITED TO, RISKS OF ACCIDENT, SERIOUS BODILY INJURY, INCLUDING DEATH, BROKEN BONES, HEAD INJURIES, TRAUMA, PAIN, AND SUFFERING, AND PROPERTY DAMAGE. I ASSUME ALL RISKS OF HARM TO ME, MY HORSE OR MY PROPERTY.**

**I AGREE** for myself, my heirs, executors, administrators, successors and assigns to release AHA, the Competition, the facilities leased by the Competition and the owner(s) of the facilities, and all of their respective officers, officials, directors, employees, agents, personnel, volunteers, affiliated organizations and insurers (collectively, the "Released Parties") from any and all claims for damage, loss, or injury to myself, other persons, horses or other property belonging to me to the fullest extent permitted by law that arises out of or relates in any way to the Competition and my participation in the Competition INCLUDING, BUT NOT LIMITED TO, DAMAGES, LOSS, OR INJURY RESULTING FROM ANY ACTS, FAILURE TO ACT, NEGLIGENCE OR NEGLECT OF OTHER ENTRANTS, THE RELEASED PARTIES, THEIR CONTRACTORS OR INVITEES, as well as for theft, vandalism, fire, other casualty damage, or damage arising out of any defects in the premises.

**I AGREE** to indemnify and hold harmless (that is pay all losses, damages, attorneys fees and costs of) the Released Parties from and against any and all claims, demands, penalties, actions, losses, costs, damages, injuries, liabilities and obligations (including attorneys fees) of whatsoever kind and nature, which may be asserted against or incurred by any of them as a result of (1) my participation in the Competition or (2) any act, failure to act, or neglect (a) by me, my agents, employees, riders, handlers, trainers, coaches, drivers, contractors or invitees, or (b) by any animal owned or exhibited by me or in my custody or control.

**I AGREE** and represent that I am qualified and eligible to enter and/or participate in the Competition, and every horse I am entering is qualified and eligible as entered.

**I AGREE** to accept AS FINAL any decision of AHA, the Show Commission or Show Officials concerning my qualification or the qualification of my horse to enter the Competition or any results of the Competition, except to the extent that the Rules of AHA, the Competition, CEF or USA Equestrian permit a protest or hearing of such decisions. Should a hearing be requested, I agree to accept AS FINAL the decision of the particular hearing body. I agree to release, hold harmless and not to sue AHA, the Competition Sponsor, their officers, directors, employees, volunteers or members concerning any decision of AHA, the Competition, its Show Commission, Show Officials or any hearing body that relates to my qualifications or my horse(s) qualifications to enter the Competition or any results of the Competition.

**I AGREE** that AHA has the sole right to control, sell, supervise or give away (or assign to others the right to do so) the exclusive rights to broadcast, televise, reproduce, transmit and disseminate all or part of this event, and I agree that AHA may use or assign, in any way AHA sees fit, photographs, films, videos, audios, cablecasts, or other likenesses of me and my horse taken during the course of the Competition for the promotion, coverage or benefit of the Competition or AHA. Those likenesses shall not be used to advertise a product and they may not be used in such a way which implies endorsement of any company, product, product category or service. I hereby expressly and irrevocably waive and release any rights in connection with such use, including any claim to compensation, invasion of privacy, right of publicity, or to misappropriation.

By signing below as a parent or guardian of a junior exhibitor, I consent to the child's participation and agree to all of the above provisions, and further agree to assume all of the obligations of this AHA Assumption of Risk, Release and Indemnification personally and on behalf of the child.

This AHA Assumption of Risk, Release and Indemnification is governed by the Laws of the State of Colorado and is intended to be interpreted as broadly as possible. I agree that exclusive jurisdiction and venue (place) for any legal action against AHA, its officers, directors, employees, volunteers or agents shall be in the local district courts or the federal court of the State of Colorado. If any part of this agreement is determined to be unenforceable, all other parts shall remain effect.

**United States Equestrian Federation, Inc. Entry Agreement**

I have read the United States Equestrian Federation, Inc. (the "Federation") Entry Agreement (GR906.4) as printed in the Prize List for this Competition and agree to all of its provisions. I understand and agree that by entering this Competition, I am subject to the Federation Rules, the Prize List and local rules of the competition. I agree to waive the right to the use of my photos at the competition, and agree that any actions against the Federation must be brought in New York State

**Federation Release, Assumption of Risk, Waiver and Indemnification This document waives important legal rights. Read it carefully before signing.**

**I AGREE** in consideration for my participation in this Competition to the following:

**I AGREE** that "the Federation" and "Competition" as used herein includes the Licensee and Competition management as well as all of their officials, Officers, Directors, employees, agents, personnel, volunteers, and Federation affiliates.

**I AGREE** that I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, vaulter, longeur, lessee, owner, agent, coach, trainer, or as parent or guardian of a junior exhibitor. I am fully aware and acknowledge that horse sports and the Competition involve inherent dangerous risks of accident, loss, and serious bodily injury including broken bones, head injuries, trauma, pain, suffering, or death ("Harm").

**I AGREE** to hold harmless and release the Federation and the Competition from all claims for money damages or otherwise for any Harm to me or my horse and for any Harm caused by me or my horse to others, even if the Harm resulted, directly or indirectly, from the negligence of the Federation or the Competition.

**I AGREE** to expressly assume all risks of Harm to me or my horse, including Harm resulting from the negligence of the Federation or the Competition.

**I AGREE** to indemnify (that is, to pay any losses, damages, or costs incurred by) the Federation and the Competition and to hold them harmless with respect to claims for Harm to me or my horse, and for claims made by others for any Harm caused by me or my horse at the Competition. I have read the Federation Rules about protective equipment, including GR 801 and if applicable EV 114, and I understand that I am entitled to wear protective equipment without penalty, and I acknowledge that the Federation strongly encourages me to do so while WARNING that no protective equipment can guard against all injuries. If I am a parent or guardian of a junior exhibitor, I consent to the child's participation and AGREE to all of the above provisions and AGREE to assume all of the obligations of this Release on the child's behalf. I represent that I have the requisite training, coaching and abilities to safely compete in this competition.

**I AGREE** that if I am injured at this competition, the medical personnel treating my injuries may provide information on my injury and treatment to the federation on the official USEF accident/injury report form.

<b>MUST BE SIGNED IN AT LEAST 3 PLACES BY SIGNING BELOW, I AGREE to be bound by all Federation Rules and all terms and provisions of this entry blank.</b>		
<b>Owner -** Mandatory</b>	<b>No Junior Signatures</b>	Print Name
		Signature X
<b>Trainer or Custodian of horse @ show - ** Mandatory</b>	<b>No Junior Signatures</b>	Print Name
<b>Owner must sign if no trainer</b>		Signature X
<b>Rider 1 - ** Mandatory</b>	<b>No Junior Signatures</b>	Print Name
		Signature X
<b>Rider 2 - ** Mandatory</b>	<b>No Junior Signatures</b>	Print Name
		Signature X
<b>Rider 3 -** Mandatory</b>	<b>No Junior Signatures</b>	Print Name
		Signature X
<b>Coach - (if applicable) USEF #</b>		Print Name
		Signature X
<b>Print Minor Name Here</b>		Print Parent/Guardian Name Here
		Signature X
<b>Print Minor Name Here</b>		Print Parent/Guardian Name Here
		Signature X
<b>***** EMERGENCY PHONE NUMBER FOR EXHIBITOR</b>		
<b>AHA or USEF/EC Membership is not required for Parents/Guardians signing for minors.</b>		

# Region 16 Hunter Jumper Qualifier Wednesday July 20

Syracuse, NY

Entries Close Monday June 20, 2011

PLEASE TYPE OR PRINT ONLY ONE HORSE PER ENTRY FORM.

Horse's Name		Reg. No.		DOB MM/DD/YY	Sex	Color	Sweepstakes Yes No
Sire		Dam		Horse USEF ID#		Horse USDF #	
Rider 1	Classes / Sections						TOTAL FEES
	Entry Fees						\$
Name		DOB MM/DD/YY	Amateur Certificate Yes No		Junior/Amateur Relationship to horse owner		
AHA#		USEF/EC#	USDF#		US Citizen: Yes No		
Address		City		State	Zip		
Rider 2	Classes / Sections						TOTAL FEES
	Entry Fees						\$
Name		DOB MM/DD/YY	Amateur Certificate Yes No		Junior/Amateur Relationship to horse owner		
AHA#		USEF/EC#	USDF#		US Citizen: Yes No		
Address		City		State	Zip		
Rider 3	Classes / Sections						TOTAL FEES
	Entry Fees						\$
Name		DOB MM/DD/YY	Amateur Certificate Yes No		Junior/Amateur Relationship to horse owner		
AHA#		USEF/EC#	USDF#		US Citizen: Yes No		
Address		City		State	Zip		

Each person signing this entry form acknowledges that he/she has read the front and reverse of this Entry Form and agrees to the applicable terms, conditions, waivers ALL OWNERS, TRAINERS, RIDERS, DRIVERS & HANDLERS MUST SIGN ON THE BACK. Minor entrants must also have parent/guardian signature(s) on the back., releases, indemnification and consent as set forth herein. Each person agrees that the information is accurate to the best of his/her knowledge.

**THE FOLLOWING MUST BE SENT WITH YOUR ENTRIES**  
**Photo copies of AHA, USEF/EC Membership cards for each Rider/Driver/Handler/ Trainer/Owner, Horses Registration papers & Purchase contract if applicable and Stall Reservation Forms**

**Total Entry Fees** ..... \$ \_\_\_\_\_  
 Office Fee (per horse) @ ..... \$ 20.00  
 USEF Fee @ ..... \$ 15.00  
 7. Drug, 8 Admin  
 AHA Resolution 9-90 @ ..... \$ 3.00

**OWNER INFORMATION** Owner name as it appears on registration papers/purchase contract

Name \_\_\_\_\_  
 AHA# \_\_\_\_\_ USEF/EC# \_\_\_\_\_ USDF# \_\_\_\_\_  
 Farm/Ranch \_\_\_\_\_ USEF Farm# \_\_\_\_\_  
 Current Address \_\_\_\_\_ Phone \_\_\_\_\_  
 City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
 Email \_\_\_\_\_

The following fees are only due if you are not showing in the Championship Show.

Box Stalls @ ..... \$ \_\_\_\_\_  
 No initial bedding  
 Tack Stall @ ..... \$ \_\_\_\_\_  
 Refer to fees for cost of stalls / locations

**TRAINER INFORMATION** (must be filled out, if there is no trainer, owner may write same in trainer information)

Name \_\_\_\_\_  
 AHA# \_\_\_\_\_ USEF/EC# \_\_\_\_\_ USDF# \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

**Non Member/Single Event Fees:**

AHA Single Event Fee @ \$35 ..... \$ \_\_\_\_\_  
 USEF Non Member @ \$30 ..... \$ \_\_\_\_\_  
 Camper @ 200 wk ..... \$ \_\_\_\_\_  
 Camper 60.00 per day # of days \_\_\_\_\_ \$ \_\_\_\_\_  
 Patron ..... \$ \_\_\_\_\_  
 Sponsor ..... \$ \_\_\_\_\_  
 Post/Incomplete Fee @15.00 ..... \$ \_\_\_\_\_  
 Misc ..... \$ \_\_\_\_\_

**ADDITIONAL INFORMATION** Camper Plate # \_\_\_\_\_ Camper make \_\_\_\_\_

Send Acknowledgement to Owner \_\_\_\_\_ Trainer \_\_\_\_\_  
 Email Acknowledgement to (Print) \_\_\_\_\_

Donation to the (circle 1)  
 Foundation Galleries Horsemans Fund ---- \$ \_\_\_\_\_  
 For more information please refer to General Rules

Send Stall Reservation form with entries. Stalls are assigned using this form.

**TOTAL FEES DUE** ..... \$ \_\_\_\_\_

ENTRIES CLOSE June 20, 2011 Mail to: Region 16 Marlene Kriegbaum, 5780 Hunters Creek Rd, South Wales, NY 14139 716-655-1536 arabshows@mac.com				Make Checks payable to Region 16	
Name on CC			Office Use Total \$		
Credit Card#			Paid \$		
Exp Date	CVS code	Signature	Check Number		
Credit Card Billing Address (include zip)			Date Rcvd		

**ALL ENTRY FORMS MUST BE PROPERLY SIGNED ON BACK ANYONE WISHING TO BE STABLED TOGETHER MUST SEND ENTRIES IN SAME ENVELOPE WITH COMPLETED STALL RESERVATION FORM**

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**I AGREE** for myself, my heirs, executors, administrators, successors and assigns to release AHA, the Competition, the facilities leased by the Competition and the owner(s) of the facilities, and all of their respective officers, officials, directors, employees, agents, personnel, volunteers, affiliated organizations and insurers (collectively, the "Released Parties") from any and all claims for damage, loss, or injury to myself, other persons, horses or other property belonging to me to the fullest extent permitted by law that arises out of or relates in any way to the Competition and my participation in the Competition INCLUDING, BUT NOT LIMITED TO, DAMAGES, LOSS, OR INJURY RESULTING FROM ANY ACTS, FAILURE TO ACT, NEGLIGENCE OR NEGLECT OF OTHER ENTRANTS, THE RELEASED PARTIES, THEIR CONTRACTORS OR INVITEES, as well as for theft, vandalism, fire, other casualty damage, or damage arising out of any defects in the premises.

**I AGREE** to indemnify and hold harmless (that is pay all losses, damages, attorneys fees and costs of) the Released Parties from and against any and all claims, demands, penalties, actions, losses, costs, damages, injuries, liabilities and obligations (including attorneys fees) of whatsoever kind and nature, which may be asserted against or incurred by any of them as a result of (1) my participation in the Competition or (2) any act, failure to act, or neglect (a) by me, my agents, employees, riders, handlers, trainers, coaches, drivers, contractors or invitees, or (b) by any animal owned or exhibited by me or in my custody or control.

**I AGREE** and represent that I am qualified and eligible to enter and/or participate in the Competition, and every horse I am entering is qualified and eligible as entered.

**I AGREE** to accept AS FINAL any decision of AHA, the Show Commission or Show Officials concerning my qualification or the qualification of my horse to enter the Competition or any results of the Competition, except to the extent that the Rules of AHA, the Competition, CEF or USA Equestrian permit a protest or hearing of such decisions. Should a hearing be requested, I agree to accept AS FINAL the decision of the particular hearing body. I agree to release, hold harmless and not to sue AHA, the Competition Sponsor, their officers, directors, employees, volunteers or members concerning any decision of AHA, the Competition, its Show Commission, Show Officials or any hearing body that relates to my qualifications or my horse(s) qualifications to enter the Competition or any results of the Competition.

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By signing below as a parent or guardian of a junior exhibitor, I consent to the child's participation and agree to all of the above provisions, and further agree to assume all of the obligations of this AHA Assumption of Risk, Release and Indemnification personally and on behalf of the child.

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**I AGREE** to indemnify (that is, to pay any losses, damages, or costs incurred by) the Federation and the Competition and to hold them harmless with respect to claims for Harm to me or my horse, and for claims made by others for any Harm caused by me or my horse at the Competition. I have read the Federation Rules about protective equipment, including GR 801 and if applicable EV 114, and I understand that I am entitled to wear protective equipment without penalty, and I acknowledge that the Federation strongly encourages me to do so while WARNING that no protective equipment can guard against all injuries. If I am a parent or guardian of a junior exhibitor, I consent to the child's participation and AGREE to all of the above provisions and AGREE to assume all of the obligations of this Release on the child's behalf. I represent that I have the requisite training, coaching and abilities to safely compete in this competition.

**I AGREE** that if I am injured at this competition, the medical personnel treating my injuries may provide information on my injury and treatment to the federation on the official USEF accident/injury report form.

<b>MUST BE SIGNED IN AT LEAST 3 PLACES BY SIGNING BELOW, I AGREE to be bound by all Federation Rules and all terms and provisions of this entry blank.</b>		
<b>Owner -** Mandatory</b>	<b>No Junior Signatures</b>	Print Name
		Signature X
<b>Trainer or Custodian of horse @ show - ** Mandatory</b>	<b>No Junior Signatures</b>	Print Name
<b>Owner must sign if no trainer</b>		Signature X
<b>Rider 1 - ** Mandatory</b>	<b>No Junior Signatures</b>	Print Name
		Signature X
<b>Rider 2 - ** Mandatory</b>	<b>No Junior Signatures</b>	Print Name
		Signature X
<b>Rider 3 -** Mandatory</b>	<b>No Junior Signatures</b>	Print Name
		Signature X
<b>Coach - (if applicable) USEF #</b>		Print Name
		Signature X
<b>Print Minor Name Here</b>		Print Parent/Guardian Name Here
		Signature X
<b>Print Minor Name Here</b>		Print Parent/Guardian Name Here
		Signature X
<b>***** EMERGENCY PHONE NUMBER FOR EXHIBITOR</b>		
<b>AHA or USEF/EC Membership is not required for Parents/Guardians signing for minors.</b>		



# Region 16 Championships Qualifications

The AHA Qualification website report or  
This form must be completed and submitted with your entries.

Please refer to Chapter 12 of the current AHA handbook for detailed Regional qualification information.

Name of Horse or Equitation Rider		Reg # or AHA # of rider	
Name of Owner		AHA #	
Qualifying for Class#	Qualifying for Class Title		
Name of Qualifying Show		Show Date MM/YY	
Name & Number of Qualifying Class		Placing	# in class Points

**FOR HORSES OR RIDERS ENTERING MORE THAN ONE REGIONAL CLASS  
PLEASE WRITE SAME FOR HORSE/RIDER AND OWNER INFORMATION**

Name of Horse or Equitation Rider		Reg # or AHA # of rider	
Name of Owner		AHA #	
Qualifying for Class#	Qualifying for Class Title		
Name of Qualifying Show		Show Date MM/YY	
Name & Number of Qualifying Class		Placing	# in class Points

Name of Horse or Equitation Rider		Reg # or AHA # of rider	
Name of Owner		AHA #	
Qualifying for Class#	Qualifying for Class Title		
Name of Qualifying Show		Show Date MM/YY	
Name & Number of Qualifying Class		Placing	# in class Points

Name of Horse or Equitation Rider		Reg # or AHA # of rider	
Name of Owner		AHA #	
Qualifying for Class#	Qualifying for Class Title		
Name of Qualifying Show		Show Date MM/YY	
Name & Number of Qualifying Class		Placing	# in class Points

Name of Horse or Equitation Rider		Reg # or AHA # of rider	
Name of Owner		AHA #	
Qualifying for Class#	Qualifying for Class Title		
Name of Qualifying Show		Show Date MM/YY	
Name & Number of Qualifying Class		Placing	# in class Points

Owner/Exhibitor/Trainer Signature \_\_\_\_\_ Date \_\_\_\_\_

**If you qualify after the closing date, Please have the show secretary sign below or provide proof of placing/points and number of horses in the class**

Show Secretary \_\_\_\_\_ Date \_\_\_\_\_

# Region 16 Additional Classes

***All classes and horses must be entered by 6 pm the day prior to the first day of the show.***

***Hunter/Jumper Championships by Wednesday 6 pm If you qualify at the pre show***

***If you enter after this date/time there will be a 250.00 Courtesy Post fee PLUS the appropriate entry fee***

Exhibitor Number (if you know it) \_\_\_\_\_

Horses Name \_\_\_\_\_

Owners Name \_\_\_\_\_

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## Class 1

Class Number \_\_\_\_\_ Class Name \_\_\_\_\_ Fee \_\_\_\_\_

Riders Name \_\_\_\_\_

Riders AHA # \_\_\_\_\_ Riders USEF# \_\_\_\_\_ Riders USDF# \_\_\_\_\_

RIDERS ADDRESS IS REQUIRED IF EQUITATION, SHOWMANSHIP OR WALK/TROT

Qualifications  
Show \_\_\_\_\_ Date \_\_\_\_\_

Class \_\_\_\_\_

Place/Points \_\_\_\_\_ Number in class \_\_\_\_\_

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## Class 2

Class Number \_\_\_\_\_ Class Name \_\_\_\_\_ Fee \_\_\_\_\_

Riders Name \_\_\_\_\_

Riders AHA # \_\_\_\_\_ Riders USEF# \_\_\_\_\_ Riders USDF# \_\_\_\_\_

RIDERS ADDRESS IS REQUIRED IF EQUITATION, SHOWMANSHIP OR WALK/TROT

Qualifications  
Class \_\_\_\_\_

Place/Points \_\_\_\_\_ Number in class \_\_\_\_\_

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### THIS FORM MUST BE SIGNED

**SIGNATURE** \_\_\_\_\_

Total Fees for additional classes \$ \_\_\_\_\_

Master/Visa/Discover Card # \_\_\_\_\_ Exp Date \_\_\_\_\_ CVS \_\_\_\_\_

Name on CC. \_\_\_\_\_ signature \_\_\_\_\_

Credit Card Billing address \_\_\_\_\_

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### **OFFICE USE ONLY**

Received by:

OFFICE STAFF SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_

Processed by \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_

Office use only

CC Authorization \_\_\_\_\_

# *Region 16 Championship Horse Show*

## *Sponsorship form and Prize List Advertising Form*

We are planning for our Regional Show and want to make sure you are included!

Sponsors are a very important part of the Region 16 Championship show. Without your support, our show would not be such a success! THANK YOU.

- [ ] Region 16 Championship Class                      \$50.00\$ \_\_\_\_\_
- [ ] Box Seat (6 seats)                                      \$50.00\$ \_\_\_\_\_
- [ ] Bronze Patron    \$150.00\$ \_\_\_\_\_  
     Gift, Box Seat, 1 Class Sponsor, Complimentary Gift
- [ ] Silver Patron    \$250.00\$ \_\_\_\_\_  
     Gift, Box Seat, 2 Class Sponsors, Complimentary Gift  
     Exhibitor Dinner Tickets
- [ ] Gold Patron    \$350.00\$ \_\_\_\_\_  
     Gift, Box Seat, 2 Class Sponsors, Banner  
     Preferred Stabling, Exhibitor Dinner Tickets, Complimentary Gift  
     Full page ad on the Region 16 Web site for one year

Sponsor (as it is to appear in program)

Name \_\_\_\_\_

Farm Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Class choice(s)

- 1<sup>st</sup>                      \_\_\_\_\_ Amount \$ \_\_\_\_\_
- 2<sup>nd</sup>                    \_\_\_\_\_ Amount \$ \_\_\_\_\_
- 3<sup>rd</sup>                    \_\_\_\_\_ Amount \$ \_\_\_\_\_

**Would you like to sponsor the same class next year?** \_\_\_\_\_

**Would you like to advertise in the 2012 Combined Prize List?** \_\_\_\_\_

**PRIZE LIST ADVERTISING**

- [ ] Inside Front or Back Cover Full Color            1000.00 \$ \_\_\_\_\_
  - [ ] Full page inside Full Color                            800.00 \$ \_\_\_\_\_
  - [ ] Full page inside B/W                                    500.00 \$ \_\_\_\_\_
  - [ ] Outside Back Full color                                1200.00 \$ \_\_\_\_\_
  - [ ] Half-page B/W    250.00 \$ \_\_\_\_\_
  - [ ] Quarter page B/W                                       150.00 \$ \_\_\_\_\_
  - [ ] Business Card (reproductions only)                75.00 \$ \_\_\_\_\_
- Total Enclosed** \$ \_\_\_\_\_

*Copy must be camera ready - 30.00 additional charge for typesetting or copy work*

***All past advertisers will have first preference to placement of ads for 2012.***

***Reserve your space now!!! Ads for the Prize List are due Jan 15, 2012***

***Make Checks payable to Region 16*** Return this form with your entries  
to Marlene Kriegbaum 5780 Hunters Creek Rd, S Wales, NY 14139

# Region 16 Championship

## FEED AND BEDDING PRE-ORDER FORM

**All items ordered in advance will be delivered to your tack stall prior to your arrival.**

Feed and Bedding Office is located near the front of the DVM Barn.

- \_\_\_\_\_ Bags Shavings
- \_\_\_\_\_ Bales Hay
- \_\_\_\_\_ Bales Straw
- \_\_\_\_\_ 50# Bags Hay Cubes
- \_\_\_\_\_ 50# Bags Sweet Feed
- \_\_\_\_\_ 50# Bags Pellets

Exhibitor/Farm Name: \_\_\_\_\_

Address \_\_\_\_\_

City, St, Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_

**CALL FOR CURRENT PRICES**

# PLEASE SEND TO MICHAEL TESKE

MAIL PRE ORDERS ALONG WITH A SIGNED CHECK TO:

MICHAEL TESKE  
P.O. Box 131, Kirkville, NY 13082  
315-687-0096

THANK YOU!