



Region 9 AHA Championship Show
 May 26 – 30, 2026 Fort Worth, Texas
 Entry Closing : May 1, 2026

SEND ENTRIES TO
 Patty Liarakos
 16240 San Pedro #180
 San, Antonio, Texas 78232

Please check here if adding classes for a horse already entered _____

| | | | | | | | |
|--------------|--------------------|--------------|-------------------------------|----------------|--|-------------------|-----------------------|
| Horse's Name | | Reg. No. | | DOB MM/DD/YY | Sex | Color | Sweepstakes Yes No |
| Sire | | Dam | | Horse USEF ID# | | Horse USDF/WDAA # | |
| Rider 1 | Classes / Sections | | | | | | TOTAL FEES |
| | Entry Fees | | | | | | \$ |
| Name | | DOB MM/DD/YY | Amateur Certificate Yes No | | Rider's Relationship to horse owner(s) for owner classes | | |
| AHA# | USEF/EC# | USDF# | | WDAA# | | | |
| Address | | City | State | Zip | | | |
| Rider 2 | Classes / Sections | | | | | | TOTAL FEES |
| | Entry Fees | | | | | | \$ |
| Name | | DOB MM/DD/YY | Amateur Certificate Yes No | | Rider's Relationship to horse owner(s) for owner classes | | |
| AHA# | USEF/EC# | USDF# | | WDAA# | | | |
| 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
 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
 Payment – Check or Paypal Receipt (No Open Checks!!!)

OWNER INFORMATION Owner name as it appears on registration papers/purchase contract
 Name _____
 If Joint owner check one: Non Related Co Owner Related – What is the Relationship? _____
 AHA# _____ USEF/EC# _____ USDF# _____
 Farm/Ranch _____ WDAA# _____
 Current Address _____ Phone _____
 City _____ ST _____ Zip _____
 Email _____

TRAINER INFORMATION (must be filled out, if there is no trainer, the person responsible for the horse at the show)
 Name _____
 AHA# _____ USEF/EC# _____ USDF/WDAA# _____
 Address _____ Phone _____
 City _____ ST _____ Zip _____
 Email _____

ADDITIONAL INFORMATION
 Email Acknowledgement to (Print) _____
 Stable with _____ Barn Preference _____

Total Entry Fees----- \$ _____
 Office Fee (per horse) @----- \$ 40
 USEF Fee @ \$25.00 ----- \$ 25
 (15. Drug, 10. Admin)
 AHA Resolution 9-90 @ \$ per horse ----- \$ 20
 AHA Recording Fee @ \$ per horse ----- \$ 7
 _____ Stalls @ \$ 150.00 ----- \$ _____
 _____ Early Arrival @ \$35/stall/day ----- \$ _____

Other Fees
 _____ Cattle Fees (Per Class) ----- \$ 75
 _____ Cattle Fee (Herd Work) ----- \$ 200
 _____ Post Entry Fee (Per Horse) after 05/01 --- \$ 75
 _____ Added Class Fee (Per Horse) after 05/01 \$ 50
 _____ Courtesy Post Fee (Per Horse) after 05/20 \$ 175

Subtotal of Fees _____
 3% of Subtotal Credit Card Fee _____
TOTAL FEES DUE \$ _____

Office use
 Check or Paypal or Stripe _____
 Total _____
 Post Mark Date _____

ALL WAIVERS MUST BE PROPERLY SIGNED