



SCCAHA 8/1/2021 _____

Back#: _____

SCCAHA Membership#: _____

Horse's Registered Name: _____

Horse's AHA/AHR/IAHA #: _____

Is this an Non Arabain Horse? _____

Owner's Name: _____

Coggins Date: _____

Owner's Signature: _____

Entry Fees are: Regular class= \$6 and & Specialty Class/ Sweepstakes=\$10

ARABIAN/HALF ARABIAN CLASSES AND P/S

1/1/21

Rider/Handler: _____

Age: _____

Class# _____

P/S Class Total _____ @ \$6 =

SPECIALTY/SWEEPSTAKES CLASSES - OPEN TO ALL

1/1/21

Rider/Hadler _____

Age: _____

Class# _____

Specialty Class Total _____ @ \$10 =

OPEN BREED CLASSES/CHAMPIONSHIP CLASSES

1/1/21

Rider/Handler: _____

Age: _____

Class# _____

Open Breed Total _____ @ \$6 =

MINIATURE HORSE CLASSES

1/1/21

Rider/Handler: _____

Age: _____

Class# _____

Miniature Total _____ @ \$6 =

MAKE CHECKS PAYABLE TO: SCCAHA

Stalls _____ @ \$35 each/ Weekend =

Stalls _____ @ \$20 each for one day =

Tack stalls _____ @ \$10 per day =

Camping: _____ @ \$25/ Day =

Membership: _____ @ \$20 =

Sponsorship: _____ @ \$30 =

Adds/Deletes =

Office fee per horse _____ @ \$8 =

Total

Pd by Cash _____ By Ck#: _____

\$

Adult Signature: _____ Date: _____

PRE-ENTRIES ARE DUE JULY 24TH

MAIL TO: KRISTIE LAMB, 8978 WILDCAT RD., JEDDO, MI 48032

Entries will also be accepted at the show, pending availability

****I assume full responsibility for accident and/or injury to myself, my family, or my horses while participating in the SCCAHA. I have read & agree to abide by all SCCAHA rules & regulations.****