

Class Entry Form Wednesday, October 16, 2019 Classes start at 8:00 AM

S. Quincy Road, Denair, CA 95316	ices.com/index.html or mail entries to Jennifer Mendes 52 w SSPHC Color Classic Only (class #s 1-100)	
** Please use one entry form per horse		
SPHC classes received by September 20, 2019	x \$36.00 (\$18/judge) = \$	
SPHC classes received on or after Sept. 21, 2019	\$25  late fee x  horse = \$	
SPHC Leadline	x \$10 = \$	
rail Equipment Fee	x \$15 = \$	
APHA Fee	$\_$ x \$4 (\$2/judge) = \$_4.	
Office Fee (one time fee/horse – non refundable)	$x $25 = \underline{5}.$ Total = $\overline{5}$	
Scratches/Refunds/Entries/Stalls		
Scratches/Refunds – Please enter everything and scratch cl completely from the show will be charged a one-time fee of Stalls – Refunds will be issued for cancelled stalls minus a after October 1, 2019.		
Refunds – All refunds will be processed within 30 business	s days after the conclusion of the show.	
Send ALL entries and paperwork (copies of horse papers, r along with payment to: Jennifer Mendes 5206 S. Quincy Road Denair, CA 95316	membership cards for owner and exhibitor) with this form,	
Please make checks payable to SSPHC		
Payment Type:checkmoney order _	credit card	
Card #	Exp/ CVV# Zip Code	
Cardholder name:	Phone #	
ardholder address:		
Signature of cardholder:	Date:	

I give permission for SSPHC to charge my credit card for any amounts due regarding my entries \_\_\_\_\_(initial)



SSPHC Color Classic

Circle One: Mare Stallion Gelding	BACK #	
Horse Name:		
Year Born: Registration #		
Owner:		
Address:	# of stalls:	
City: State: Zip:	Stalled With:	
Owner APHA #: Exp.:		
Owner NSBA #: Exp.:		
YOUTH Information - EXACTLY as shown on youth card		
Exhibitor Name: Birthdate://		
Address:		
City: State: Zip:		
APHA #: Exp.:/ NSBA #: Exp.:	//	
Relationship To Owner:     Type of APHA Card:		
AMATEUR Information - Exactly as shown on amateur card		
Exhibitor Name:/ Birthdate://		
Address:		
City: State: Zip:		
APHA #: Exp.:// NSBA #: Exp.:	//	
Relationship To Owner: Type of APHA Card:		
OPEN Exhibitor #1 Information		
Exhibitor Name:		
Address:		
City: State: Zip:		
APHA #: Exp.:// NSBA #: Exp.:	//	
OPEN Exhibitor #2 Information		
Exhibitor Name:		
Address:		
City: State: Zip:		
APHA #: Exp.: / NSBA #: Exp.:	//	
Presentation of a signed entry form shall be deemed acceptance of the rules of and all other rules pertaining to this show. In the event of failure to sign an entry form, then first entry of horse or an exhibitor into the show ring shall be deemed to be acceptance of the show rules and current APHA Rule Book. I agree as an APHA member or trainer that I will be honest, fair and friendly. I will have respect for myself and others as well as respect for authority. I will be helpful, caring and considerate to others. I understand that I will be responsible for what I say and do, and that I am subject to disciplinary action if I am found guilty of unsportsmanlike conduct. Horses are entered at your own risk & are subject to APHA rules, under which these classes will be conducted. In case of death, accident, injury or theft, to the exhibitor, their family, horses or property, no claims will be honored against SSPHC, APHA, NSBA, Southwest Show Management, South Point Equestrian Center and all of those associated with any or all of the above mentioned organizations.		
Signature of Participant:	Date:	
Cell Phone You May Be Reached At While Attending This Show:		