

PLEASE TYPE OR PRINT CLEARLY. ONLY ONE HORSE PER ENTRY FORM. All Entries must be complete including AHA Competition Level membership numbers for each rider, driver, handler and owner and including correct fees. Enclose Stabling Request Form, copies of registration papers, purchase contract (if applicable), and EC/USEF cards.

Name of Horse		Registration No.		Reg. With: CAHR AA		AHR IAHA CPAR		DOB- MM/DD/YY	
Sire			Dam			Sex		Colour	

RIDER/DRIVER/HANDLER Class Information. ENCLOSE photocopy of all membership cards with your entry. Please do NOT use AHA class codes when entering classes.

Class #									Total Fees
Class Fees	\$	\$	\$	\$	\$	\$	\$	\$	\$
#1 Rider/D/H				DOB- MM/DD/YY		Amateur Yes No Relationship to horse owner			
AHA #			EC/USEF #						
Address			City		Prov/State		Postal/Zip Code		

Class #									Total Fees
Class Fees	\$	\$	\$	\$	\$	\$	\$	\$	\$
#2 Rider/D/H				DOB- MM/DD/YY		Amateur Yes No Relationship to horse owner			
AHA #			EC/USEF #						
Address			City		Prov/State		Postal/Zip Code		

ALL OWNERS, TRAINERS, RIDERS, DRIVERS & HANDLERS MUST SIGN WAIVER FOR EACH SHOW. Minor entrants must also have parent/guardian signatures on waiver.

OWNER (as appears on registration papers or contract)

Name _____ EC/USEF# _____
 Address _____ AHA# _____
 City, Prov _____ Postal/Zip Code _____
 Email _____ Phone # _____

TRAINER /PERSON RESPONSIBLE

Name _____ EC/USEF# _____
 Address _____ AHA# _____
 City/Prov _____ Postal/Zip Code _____
 Email _____ Phone # _____

TO BE STABLED TOGETHER, ALL ENTRIES MUST come in the same envelope with a group stable request

All entries to be received by July 4th to avoid post entry fees.

If you fail to qualify for a Regional class at the Last Chance show

Stalls and RV fees need only be paid once per horse- please complete and submit form.

A signed copy of waiver is required for each show.

Total Class Entry Fees	_____
___ Horse Stalls \$125	_____
___ Tack Stalls @ \$125	_____
___ Shavings \$10 per bag	_____
RV Tag (submit form) \$100/\$60	_____
Office Fee per show	<u>20.00</u>
Add \$20 post entry after closing date	_____
Medic Fee per show	<u>15.00</u>
EC Drug Fee per show	<u>4.00</u>
LC Ch AHA Results Fee	<u>7.00</u>
LC Ch AHA 9-90 Fee	<u>7.00</u>
AHA Single event membership (\$45)	_____
___ TBA Fee/class purchased \$20	_____
Sponsorship 20/50/100/Other	_____

TOTAL FEES CAD \$ _____

For US exhibitors paying by cheque or money order multiply total by 0.8 _____

Payments by Credit Card will be charged a 3% handling fee.

Etransfer to: region18payments@gmail.com

CHEQUES PAYABLE TO REGION 18

Mail Entries to:
 Danielle Donald
 36-2301 Derry Rd W
 Mississauga, ON L5N2R4

OFFICE USE ONLY
 A/P _____
 R/P _____
 O/S _____
 CHQ# _____

Credit Card Information Only VISA or MC Card # _____	
Name on Card (Print Clearly) _____	
Address (if different than Owner above) _____	
CVV Code (3 Digits) _____	Expiry Date (MM/YY) ____/____
Authorized Value (include 3% handling fee)	Cardholder Signature
\$ _____	X _____