

# Region 18 Championship Show July 22 - 24 2022

AHA Show #221815582

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 LIST QUALIFICATIONS BELOW for classes that require qualifications. Attach additional sheet if needed.**

Regional Class #	Show Name & Date	Placing
	Qualifying Class name	# in Class
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	Qualifying Class name	# in Class
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	Qualifying Class name	# in Class
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	Qualifying Class name	# in Class
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	Qualifying Class name	# in Class

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 _____

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 \$40 post entry after closing date	_____
Medic Fee per show	<u>15.00</u>
EC Drug Fee per show	<u>4.00</u>
R18 Ch AHA Results Fee	<u>7.00</u>
R18 Ch AHA 9-90 Fee	<u>26.00</u>
___ TBA Fee/class purchased \$20	_____
Sponsorship 20/50/100/Other	_____
<b>TOTAL FEES CAD \$</b>	<b>_____</b>

**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](mailto: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# \_\_\_\_\_