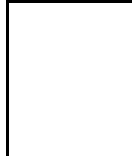


Send to:  
 Laurie Persson  
 W8699 White Crow Rd  
 Fort Atkinson, WI 53538  
[persson@compufort.com](mailto:persson@compufort.com)

**ILLINOIS/ARAB INC. ALL ARABIAN HORSE SHOW**  
**Region XI Dressage, Sport Horse & Hunter/Jumper Championships**  
**June 2-6, 2010**



**ENTRIES CLOSE 4/27/10**

**PLEASE TYPE OR PRINT - ONLY ONE OWNER PER ENTRY FORM.** All entries must be complete. Enclose correct fees, copies of horse registration papers, purchase contract (if applicable), USEF/CEF membership cards, amateur certification (if applicable), AHA membership cards for each rider, driver, handler, and owner.

	Name of First Horse		Reg. No	DOB	Sex	Color	Height	Entry Fees
	Sire		Dam		Horse USDF #		Horse USEF #	
Rider/driver/handler	AHA#		Class numbers					\$
	USEF/CEF#							
Rider/driver/handler	AHA#		Class numbers					\$
	USEF/CEF#							

For more than two riders with same horse, use next table, leaving horse data blank

	Name of Second Horse		Reg. No	DOB	Sex	Color	Height	Entry Fees
	Sire		Dam		Horse USDF #		Horse USEF #	
Rider/driver/handler	AHA#		Class numbers					\$
	USEF/CEF#							
Rider/driver/handler	AHA#		Class numbers					\$
	USEF/CEF#							

**Photo Copies Required (Reg. Papers & both membership cards)**

<b>OWNER</b> (as appears on reg papers or contract) (May attach mailing label)	
Name	AHA#
Address	USEF/CEF#
City, State	Zip
Email address	Phone #

<b>TRAINER</b>	
Address	AHA#
City, State	USEF/CEF#
Email address	ZIP
	PHONE #

Amateur Owner Relationship to Horse Owner \_\_\_\_\_ *Owner USDF #* \_\_\_\_\_

Walk Trot Riders Date of Birth \_\_\_\_\_ *Rider USDF #* \_\_\_\_\_

STABLE WITH \_\_\_\_\_

Reg Class # Qualifying for	Show Name & Date	Placing
	Qualifying Class Name	# in Class
Reg Class # Qualifying for	Show Name & Date	Placing
	Qualifying Class Name	# in Class
Reg Class # Qualifying for	Show Name & Date	Placing
	Qualifying Class Name	# in Class

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, condition, waivers, releases, indemnification and consent as set forth herein. Each person agrees that the information is accurate to the best of his/her knowledge. All owner, trainers, riders, drivers & handlers must sign on the back. Minor entrants must also have parent/guardian signature(s) on back.

<b>Total Class Fees</b>	\$ _____
<b>Stalls @ \$90 each</b>	\$ _____
<b>Office Fee \$20/horse</b>	\$ _____
<b>USEF Fees \$15/horse</b> (\$7 Drugs & Med, \$8 USEF)	\$ _____
<b>AHA Fee \$6/horse</b> Resolution 9-90/Admin	\$ _____
<b>USEF Non-Member \$30</b>	\$ _____
<b>USEF Amateur Card \$30</b>	\$ _____
<b>AHA SEM \$35/person</b>	\$ _____
<b>\$18 REGIONALS ONLY</b> AHA Resolution 9-90/Admin	\$ _____
<b>Reg Office Fee \$20/horse</b>	\$ _____
<b>Sponsorship @ \$25</b>	\$ _____
<b>Incomplete Entry \$10</b>	\$ _____

**Total Due \$ \_\_\_\_\_**  
**Make checks payable to Illinois/Arab Inc.**

**Office Use Only**

AHA / USEF	Coggins / Health
Amateur Card / Reg Papers / Signature	
Ck# _____	Amt Rec'd _____
Credit or Balance Due \$ _____	