

# SAHIBA Spring Horse Affaire All Breed Show

March 13 & 14, 2010  
Shelbyville Fairgrounds, Shelbyville, KY

Show Secretary  
Lana Chaffin  
[horseshowmom4@yahoo.com](mailto:horseshowmom4@yahoo.com)  
304-546-6367

Only One Horse Per Entry Form

Back # \_\_\_\_\_

Horse's Name \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_ Sex \_\_\_\_\_

Rider/Handler's #1 \_\_\_\_\_ Class #s \_\_\_\_\_

Rider/Handler's #2 \_\_\_\_\_ Class #s \_\_\_\_\_

Rider/Handler's #3 \_\_\_\_\_ Class #s \_\_\_\_\_

**EXHIBITORS SHOW AT THEIR OWN RISK, neither Shelby Co. A & M, SAHIBA, WPCSA, KAHABA nor any of it's officers, employees or volunteers will be held responsible for any accidents, stolen property, personal injury or damages done to any owner, exhibitor, handler, groom, attendants or damage to horses exhibited for any equipment of any kind that may be lost, destroyed or in any way damaged at the show.**

Each person signing this entry form acknowledges that he/she has read the entire front side of this entry form and agrees to the applicable terms, conditions, waiver and consent as set forth herein and set upon show grounds. Each person agrees that the information is accurate to the best of his/her knowledge.

NAME \_\_\_\_\_

FARM NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY-STATE-ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

SIGNATURE- \_\_\_\_\_

**Fees:**

Lead line/fun classes \$1.00 \_\_\_\_\_

Other Classes \$10.00 \_\_\_\_\_

Stalls \$40.00 \_\_\_\_\_

**or**

Grounds Fees \$15.00 \_\_\_\_\_  
(Showing out of trailer/horse/day)

WPCSA fee \$3 per pony \_\_\_\_\_

**Total Fees:** \_\_\_\_\_

**JUNIOR (MINOR) EXHIBITOR CONSENT:** Must be signed by someone 18 or older  
I hereby consent to the entry of my child in this horse show and acknowledge that I have read the entire front side of this entry form and agree to the applicable terms, conditions, waivers and consent as set forth herein and upon entry of show grounds and accept responsibility hereunder for the participation of said Junior.

Name of Junior \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

Stable Me With: \_\_\_\_\_

\*Every effort will be made to honor stabling requests. However, guarantees cannot be made.

**Make Checks Payable To: SAHIBA**  
**You may leave an open check with entries**  
**Show Office will complete paperwork.**

\*\*See Note about Returned checks in the Prize List.\*\*

**OFFICE USE ONLY:**

Stall #s \_\_\_\_\_

Coggins \_\_\_\_\_ Health papers: \_\_\_\_\_