



Diablo AHA Arabian Fall Fling Horse Show

An Arabian and Half Arabian/Anglo Arabian Horse Show – September 24-26 2021
Brookside Show Park – Elk Grove, CA

Make checks payable to: **DAHA**
Mail with entries to SHARON RICHARDS, Show Secretary,
1445 Monument Place, Newcastle, CA 95658 email:
sharonafix@gmail.com (916) 645-2288

Horse's Name		Reg. No.		DOB MM/DD/YY		Sex	Color
Sire		Dam		Horse USEF ID#		Horse USDF #	
Rider 1	Classes / Sections						TOTAL FEES
	Entry Fees						\$
Name		DOB MM/DD/YY		Amateur Certificate Yes No		Rider's Relationship to horse owner(s) for owner classes	
AHA#		USEF/EC#		USDF#		Safe Sport	
Address		City		State		Zip	
Rider 2	Classes / Sections						TOTAL FEES
	Entry Fees						\$
Name		DOB MM/DD/YY		Amateur Certificate Yes No		Rider's Relationship to horse owner(s) for owner classes	
AHA#		USEF/EC#		USDF#		Safe Sport	
Address		City		State		Zip	
Rider 3	Classes / Sections						TOTAL FEES
	Entry Fees						\$
Name		DOB MM/DD/YY		Amateur Certificate Yes No		Rider's Relationship to horse owner(s) for owner classes	
AHA#		USEF/EC#		USDF#		Safe Sport	
Address		City		State		Zip	

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, conditions, waivers, releases, indemnification and consent as set forth herein. Each person agrees that the information is accurate to the best of his/her knowledge. **Minor entrants must also have parent/guardian signature(s) on the back.**

<p align="center">THE FOLLOWING MUST BE SENT WITH YOUR ENTRIES Photocopies of Horses Registration Papers & Purchase contract if applicable. AHA, USEF/EC, USDF Membership cards for each Rider/Driver/Handler/Coach/Trainer/Owner,</p>		<p>Total Class Entry Fees (From above. See class schedule for class fees.)</p>	\$
<p>ONE HORSE PER ENTRY FORM OWNER INFORMATION Owner name as it appears on registration papers/purchase contract</p>		<p align="center">Stall Fees</p>	
Name _____		Early Move In @ \$10/horse stall (Sept 21-22, 2021)	\$
If Joint owner check one: <input type="checkbox"/> Non Related Co Owner <input type="checkbox"/> Related – What is the Relationship? _____		Grounds Fee @ \$30 per horse per show (Trailer in Fee)	\$
AHA# _____ USEF/EC# _____ WDAA # _____ USDF# _____		Show Horse Stalls @ \$120 (no shavings)	\$
Farm/Ranch _____ USEF Farm ID# _____		Show Tack/Grooming Stalls @ \$120	\$
Current Address _____		<p align="center">Mandatory Fees</p>	
City _____ ST _____ Zip _____		Office Fee @ \$30 per horse	\$30.00
Email _____ Phone _____		AHA Show Recognition Fee @ \$5 per horse	\$ 5.00
<p>TRAINER INFORMATION (must be filled out, if there is no trainer, the person responsible for the horse at show)</p>		AHA Resolution 9-90 Fee @ \$5 per horse	\$ 5.00
Name _____		USEF Fee (Drug Fee \$8, Fed Fee \$15) @ \$23 per horse	\$23.00
AHA# _____ USEF/EC# _____ USDF# _____		California Drug Fee @ \$8 per horse	\$ 8.00
Address _____		<p align="center">Miscellaneous Fees</p>	
City _____ ST _____ Zip _____		Post Entry Per Horse (after Sept 8) @ \$20.00	\$
Email _____ Phone _____		Post Entry Per Class (after Sept 8) @ \$5.00	\$
Stable with _____		(No post entry fee for Championship Classes)	
<p align="center">Entries Close: Postmarked By September 8, 2021 EXCEPT Dressage/Western Dressage/ Sport Horse MUST be Received by Sept 1, 2021</p>		Incomplete Entry up to \$20.00	\$
<p align="center">PAYMENT INFORMATION (PLEASE PRINT LEGIBLY)</p>		<p align="center">Association Fees</p>	
Check # _____ Check Amount \$ _____ Make Checks Payable To DAHA		USEF Show Pass Fee @ \$45/person	\$
credit card: <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX a 3% convenience fee will be charged)		AHA Single Event Fee @ \$35/person	\$
Card # _____			\$
Signature _____ Date Exp. _____ 3 Digit CVC# _____		<p align="center">Sponsorship Opportunities</p>	
Name on card _____ Card Holder Phone _____		Patron Sponsorship – \$150	\$
Cardholder _____		Reg. Sponsorship: \$15 each, 2 for \$25	\$
Address _____ City _____ ST _____ Zip _____		Championship Sponsorship – \$25	\$
<p>For Office Use Only Date Received _____</p>		TBA Class Sponsorship - \$50	\$
Doc #s	Amounts	Doc #s	Amounts
_____	_____	_____	_____
		Total	\$
<p align="center">(a 3% convenience fee will be assessed for credit card payments.)</p>			