

CHECKS TO COVER ALL FEES

ENTRIES CLOSE May 24, 2017

ENTRY FEES AND STALL FEES MUST ACCOMPANY ENTRY BLANK

**94th Annual
BLOWING ROCK CHARITY HORSE SHOW
Blowing Rock, N.C.**

SHOW DATES: June 8-11, 2017

Mrs. Joyce Wilson, Show Manager

Mrs. Barbara Lewis, Show Secretary

C	Do Not Use This Space	Name of Horse Class Number Under Name	Total Entrance	Card Measure	Color	Sex	Height	Year Foaled	Reg. #	USEF	EXHIBITOR	Exhibitor	Jr. Exhibitor	DOB	OWNER
										Horse ID #	(If more than one rider, specify rider and class) (If equitation must give complete address of rider)				
												USEF #			USEF #
												ASHA #			ASHA #
												UPHA #			AHHS #
												USEF #			USEF #
												ASHA #			ASHA #
												UPHA #			AHHS #
												USEF #			USEF #
												ASHA #			ASHA #
												UPHA #			AHHS #
												USEF #			USEF #
												ASHA #			ASHA #
												UPHA #			AHHS #
												USEF #			USEF #
												ASHA #			ASHA #
												UPHA #			AHHS #

STALL WITH

	TOTAL ENTRY FEES		DO NOT USE THIS SPACE
___ Permanent Stalls	@ \$105.00		
___ Stalls for early arrivals	@ \$15.00		
___ Grounds Fee (non stabled horses)	@ \$25.00		
___ USEF Fee (Drug & Med. \$8.00 USEF \$8.00)	@ \$16.00		
___ USEF Non Member Fee Show Pass	@ \$30.00		
___ Office Fee - Per Horse - non refundable	@ \$25.00		
___ Post entries - Per Horse - non refundable	@ \$20.00		
___ Box Seats 6 Seats	@ \$300.00		
___ Bag Shavings	@ \$8.00		
___ Camper per day/night	@ \$40.00		

STALL FEES MUST BE PREPAID	TOTAL AMOUNT DUE		
OPEN CHECK POLICY WILL PREVAIL	AMOUNT OF CHECK		

MAIL PREMIUM CHECKS TO AND REFUNDS TO

(If you want Premium Checks to go to different owners, you MUST FILL OUT A SEPARATE ENTRY BLANK FOR EACH OWNER.)

Print Name _____ SS # _____ - _____ - _____
 Address _____ City _____ State _____ Zip _____
 Tel. No. _____ Email address (for exhibitor letters & correspondence) _____
 Emergency Contact: Name & Phone _____
Will only be used for horse show. Telephone _____

For Office Use Only

**CHECKS TO COVER ALL FEES
MUST ACCOMPANY ENTRIES**

NO INITIAL BEDDING SUPPLIED

**STALLS AVAILABLE FOR
OCCUPANCY
Tuesday June 6, 2017
9:00AM**

Make checks payable and mail to:
**BLOWING ROCK CHARITY
HORSE SHOW**
 c/o Joyce Wilson
 7934 Old Bunch Rd.
 Zebulon NC 27597

Postal Mark Date _____
 Check# _____
 Receipt # _____
 Amount\$ _____

PLEASE FILL OUT BELOW

Will arrive _____ Hotel _____ - # of Rooms _____

Please list hotel and number of rooms above which help our exhibitors get better room rates.

Please READ information on the REVERSE SIDE, fill in the blanks and sign.