

OWNER			RIDER I			TRAINEE		
Owner Name			Rider Name			Trainer Name		
Address			Address			Address		
City	State	ZIP	City	State	ZIP	City	State	ZIP
Social Security # or TIN #			Phone			E-Mail		
Phone			E-Mail			Phone		
E-Mail			E-Mail			E-Mail		
USEF/USHJA#	WSHJA	EC	USEF/USHJA#	WSHJA	Date of Birth	Barn Phone	Cell Phone	
USEF/USHJA#	WSHJA	EC	EC	Age as of 12/1/2023		USEF/USHJA#	WSHJA	EC

Prize money paid to (if other than owner)			RIDER II			CREDIT CARD PAYMENT		
Name			Rider Name			VISA/MC #		
Address			Address			Exp. Date		
City	State	ZIP	USEF/USHJA#	WSHJA #	Date of Birth	CVV		
Social Security # or TIN #			Phone			Signature		
E-Mail			E-Mail			State		
E-Mail			E-Mail			ZIP		
EC			Age as of 12/1/2023			Print Name		

NAME OF HORSE	AGE	COLOR	SEX	HEIGHT	RIDER	DIVISIONS / CLASSES				
USEF #	Measurement #									

TOTAL ENTRY FEES FROM ABOVE:	
<p>Exhibitors may enter online by going to www.horseshowtime.com</p>	Stalls for entire show @ \$225
	Camper/Trailer water/power, \$125
	Camper/Trailer water/power/septic, \$175
	Office Fee, \$50
	Haul-In Fee, \$50/day per horse
	Mandatory Schooling Fee, \$30 per horse
	Shavings & Manure Disposal Fee, \$85 per horse
	USEF Drug Fee, \$23
	USHJA Show Pass Fee, \$30
	USHJA Fee \$2
	Credit Card Convenience Fee, 4%
	TOTAL AMOUNT OWED:

	OWNER/AGENT	RIDER/HANDLER	TRAINER
MANDATORY	SIGNATURE:	SIGNATURE:	SIGNATURE:
	Print Name:	Is Rider/Handler a U.S. Citizen (please circle): YES NO Print Name:	Print Name:
	Parent/Guardian Sig.:	SIGNATURE:	SIGNATURE:
	(Required if Rider/Handler is a minor) Print Name:	Is Rider/Handler a U.S. Citizen (please circle): YES NO Print Name:	Print Name:

CHECKS PAYABLE TO: SALISH SHOWJUMPING (US Funds)
 MAIL TO: MOLLIE GALLAWAY, SHOW SECRETARY (541) 914-0052
 85687 Pine Grove Rd Eugene, OR 97405

Stable With: _____

Arrival Date: _____

Emergency Contact Phone Number: _____

Payment # _____ Total Enclosed \$ _____