



Name of Farm \_\_\_\_\_

Contact Person \_\_\_\_\_

Mailing Address \_\_\_\_\_

City State Zip

( ) Phone # \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Please Stall with: \_\_\_\_\_

**If you do not attend the show after mailing, emailing or texting entries you will be responsible for stall fees, office fees, and shavings ordered.**

**If using Credit Card you will be responsible for the Card Fee**



	#	Deadline May 10 <sup>th</sup>	Late Fee after May 10 <sup>th</sup>	Total
Office Fee Per Horse		X \$ 10.00	X \$ 15.00	
Youth Class Entry Fee		X \$ 15.00	X \$ 22.00	
Amateur Class Fee		X \$ 20.00	X \$ 27.00	
Open & Stakes Class Fees		X \$ 25.00	X \$ 32.00	
COOL Class Fee		X \$ 0.00	X \$ 0.00	
Unlimited Classes per Horse (Use this if class fees over \$150, not to exceed 12 Classes)		X \$125.00	X \$150.00	
Shavings		X 8.00	<b>Must be Pre-ordered</b>	
Stalls – Thursday 8:00 a.m. – Sunday Evening (2 per stall)		X \$ 50.00		
Stalls – Sunday night. (This fee is extra from the above stall fee)		X \$ 15.00		
Showing From Trailer Fee – Per equine Per Day		X \$15.00	X ____ Days	
Camping (If plugged in to electric, dump station located on the grounds)		X \$25.00 per night		
Class Sponsorship \$10.00 per class or 6 classes for \$50.00			<i>Deadline April 25<sup>th</sup> to be printed in program book</i>	
Exhibitor Saturday Evening Meal				
<b>PLEASE indicate # attending</b>		<b>FREE</b>		<b>FREE</b>

**Make checks to:** Bluegrass Miniature Horse Club  
**Mail entries to:** Lisa Leonard, 2900 Russell Rd. Utica, KY 42376  
**Credit Card:** MUST pay the 3% + .15 credit card fee .

**Did you enclose a COPY of the following:**

- Registration Paper
- Both Sides of Perm. Measurement Card
- Copy of Amateur &/or Youth Cards
- Entry Form Signed & Completed
- Check or Money Order

**For Office Use Only:**

Date Received: \_\_\_\_\_  
 Amount Enclosed: \$ \_\_\_\_\_  
 Check #: \_\_\_\_\_  
 Credit Card: \_\_\_\_\_

# ★ 2024 National Area III Show ★

**Must enclose a copy of registration papers, amateur and youth cards and copy of measurement card if measured in 2024.**

Show No. <small>(Office Use)</small>	Name of Horse	Exhibitor Name (s)	Class Number <small>(One class number per box)</small>				Reg. No.	Date of Birth	Sex	Height <small>(Office Use)</small>	Registered Owners Names and City & State
		1)									
		2)									
		1)									
		2)									
		1)									
		2)									
		1)									
		2)									
		1)									
		2)									

This form must be signed in order to participate in the show. I hereby enter these horses in the classes listed above. By so entering, I agree to abide by and be bound by all rules and regulations of the Central KY Ag & Expo Center and BMHC. I agree to hold harmless the managers/staff and sponsors of the show from all liability in case of accident, theft, injuries or loss in any way associated with my participation in this event. MY signature is proof that I have read, understand, and agree to accept this statement.

\_\_\_\_\_  
Signature of Exhibitor

\_\_\_\_\_  
Signature of Exhibitor

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

**I certify that I am an amateur or youth as recognized by the rules of the AMHR – ASPC – ASPR.**

\_\_\_\_\_  
Signature of Amateur & Am. #

\_\_\_\_\_  
Signature of Amateur & Am. #

\_\_\_\_\_  
Signature of Youth and Youth #