

# USEF Divisions - Section 2

# Green Entry Form

NEW YORK STATE FAIR HORSE SHOW  
 NEW YORK STATE FAIR COLISEUM - SYRACUSE, NEW YORK

Entry Number \_\_\_\_\_

**ONLY ONE HORSE TO EACH ENTRY BLANK**

Horse No. Office Use Only	NAME OF HORSE	Breed Reg. #	Color	Age	Sex	Height	Horse's USEF #	
								1st Year Green <input type="checkbox"/>
<b>ENTRY FEES</b>	<b>Write Class #s Below Name of Corresponding Rider/Driver/Handler</b>						Rider Is: Jr. or Am.	Rider's/Driver's USEF # ▼
	Name of Rider/Driver ▶							
								Rider's/Driver's USEF # ▼
	Name of Rider/Driver ▶							
							Handler's USEF # ▼	
Name of Handler ▶								
				SIRE		DAM		

Ponies Specify: Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_  
 Amateurs Specify: 18-35 \_\_\_\_\_ 36 & O \_\_\_\_\_  
 Junior Hunters Specify: Small \_\_\_\_\_ Large \_\_\_\_\_  
 Rider's UPHA# \_\_\_\_\_  
 Rider's ASPCA# \_\_\_\_\_  
 Junior Rider's Date of Birth: \_\_\_\_\_

Qty.		Amount
	TOTAL ENTRY FEES	
	Box Stalls @ \$80.00	
	Office Fee @ \$ 15.00 per horse.	\$10.00
	Spectator Boxes: 6 Seats \$80.00/9 Seats \$110.00/12 Seats \$160.00	
	USEF FEE (D&M \$7, USEF \$8)@ Per Horse	\$15.00
	Non-USEF Members Showing Fee @ 30.00	
	Non-USHJA Members Showing Fee @ \$30.00 (H/J Exhibitors Only)	
	<b>All Hunters/Jumpers Fee @ \$35.00</b>	
	<b>USHJA Zone Fee (H/J Only)</b>	\$ 2.00
	<b>TOTAL AMOUNT</b>	
	<b>AMOUNT ENCLOSED</b>	
	<b>BALANCE DUE</b>	

**ENTRY & STALL FEES  
 MUST ACCOMPANY THIS FORM**  
 Canadian Checks Must Be Payable in U.S. Funds  
 MAKE CHECKS PAYABLE TO: **NYS Fair**  
**RETURN TO: NYS Fair Horse Show**  
 NYS Fair Entry Dept  
 581 State Fair Blvd  
 Syracuse, NY 13209  
 (315) 682-1933  
 nblumenthal@twcny.rr.com

Please use the separate form to order RV parking.

If ordered, Name requested on Box Seats:

## Signatures Required On The Reverse Side Before Entry Can Be Accepted

Print Rider's Name _____ Street _____ City _____ State _____ Zip _____ Telephone _____ USEF # _____ ASHA# _____ Email Address _____	Print Trainer's Name _____ Street _____ City _____ State _____ Zip _____ Telephone _____ USEF # _____ ASHA# _____ Email Address _____	Print Owner's Name _____ Street _____ City _____ State _____ Zip _____ Telephone _____ USEF # _____ ASHA# _____ Email Address _____
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Coach's Name _____ USEF # _____ Telephone _____	STABLE WITH: _____	Owner's Social Security # _____ Required For Premium Payments
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