

NEW YORK STATE HORSE BREEDERS ASSOCIATION HORSE SHOW

NEW YORK STATE FAIRGROUNDS - SYRACUSE, NEW YORK

Entry Number _____

ONLY ONE HORSE TO EACH ENTRY BLANK - Entry blank must be signed for Entry to be accepted

Horse No. Office Use Only	NAME OF HORSE	Breed Reg. #	Color	Age	Sext	Height	Horse's USEF ID #	
ENTRY FEES	Write Class #s Below Name of Corresponding Rider/Driver/Handler						Rider's/Driver's ↓ AHA/NSH# ↓	Rider's/Driver's ↓ USEF# ↓
	Name of Rider/Driver →							
							Rider's/Driver's ↓ AHA/NSH# ↓	Rider's/Driver's ↓ USEF# ↓
	Name of Rider/Driver →							

UPHA # _____

Junior Exhibitor's Date of Birth _____

Stall Fees Must Accompany This Form
Stall Checks Are Deposited Upon Receipt
and
Send An Open Check For Other Fees

Canadian Checks Must Be Marked: Payable in U.S. Funds
 MAKE CHECKS PAYABLE TO: **NYSBA Horse Show**
RETURN TO: NYSBA Horse Show
 P.O. Box 455
 Fayetteville, N.Y. 13066
 (315) 682-1933
 nblumenthal@twcny.rr.com

NEW YORK STATE LAW REQUIRES THAT WE HAVE ON FILE
 IN THE HORSE SHOW OFFICE CURRENT COPIES OF ALL
 APPLICABLE HEALTH PAPERS: COGGINS, RABIES,
 INTERSTATE HEALTH CERTIFICATES.

Photocopied Forms Accepted
You Must Copy Both Sides Of The Form

TRAINERS:
PLEASE INCLUDE SEPARATE BLOCK STABLING REQUEST

Qty.		Amount
	TOTAL ENTRY FEES	
	Box Stalls @ \$65.00 (Main &/or DVM Barns)	
	Tack Stalls @ \$75.00 (Main &/or DVM Barns)	
	Annex Stalls @ \$50.00 (Outside Wall - DVM Barn)	
	4-H Barns Stalls @ \$50.00	
	Tie Stalls @ \$40.00 (Main Barn Only)	
	Tie Stalls with Gates @ \$45.00	
	Grounds Fee @ \$25.00 (Non-Stabled Halter Horses Only)	
	Spectator Boxes: 9 Seats \$60.00 6 Seats \$50.00	
	Camper Sites @ \$120.00 (Wed-Sun) Extra Days \$20.00	
	USEF FEE (D&M \$7, USEF \$5)	\$12.00
	Non-USEF Members Showing Fee @ \$20.00	
	USEF Breed/Discipline Fee @ \$5.00 (Not for Jrs)	
	Non-AHA Members Single Event Fee @ \$15.00	
	AHA Resolution 9-90 @ \$3.00 per horse	
	AHA Approval Fee @ \$1.00 per horse	
	WPCSA Fee @ \$3.00 per Horse/Pony	
	Office Fee @ \$10.00 per horse	\$10.00
	Sponsorship	
	TOTAL AMOUNT	
	AMOUNT ENCLOSED	
	BALANCE DUE	

Print Rider's Name _____ Street _____ City _____ State _____ Zip _____ Telephone _____ USEF# _____ PFOBA# _____ NSH# _____ AHA # _____ # _____ Email _____	Print Trainer's Name _____ Street _____ City _____ State _____ Zip _____ Telephone _____ USEF# _____ PFOBA# _____ NSH# _____ AHA # _____ # _____ Email _____	Print Owner's Name _____ Street _____ City _____ State _____ Zip _____ Telephone _____ USEF# _____ PFOBA# _____ NSH# _____ AHA # _____ # _____ Email _____
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STABLE WITH: _____

HORSES WILL ARRIVE: _____

