

**West Monroe Arabian Show 2 H/J and  
Region 9 Offsite H/J  
March 26 – 27, 2023 West Monroe, LA  
Entry Closing : March 1, 2023**

**SEND ENTRIES TO  
Patty Liarakos  
16240 San Pedro #180  
San, Antonio, Texas 78232**

Horse's Name		Reg. No.		DOB MM/DD/YY	Sex	Color	Sweepstakes Yes No
Sire		Dam		Horse USEF ID#			
<b>Rider 1</b>	Classes / Sections						TOTAL FEES
	Entry Fees						\$
Name		DOB MM/DD/YY	Amateur Certificate Yes No		Rider's Relationship to horse owner(s) for owner classes		
AHA#		USEF/EC#					
Address		City		State	Zip		
<b>Rider 2</b>	Classes / Sections						TOTAL FEES
	Entry Fees						\$
Name		DOB MM/DD/YY	Amateur Certificate Yes No		Rider's Relationship to horse owner(s) for owner classes		
AHA#		USEF/EC#					
Address		City		State	Zip		

Each person signing this entry form acknowledges that he/she has read the front and reverse of this Entry Form and agrees to the applicable terms, conditions, waivers  
Minor entrants must also have parent/guardian signature(s) on the back., releases, indemnification and consent as set forth herein. Each person agrees that the information is accurate to the best of his/her knowledge.

**THE FOLLOWING MUST BE SENT WITH YOUR ENTRIES**  
Photo copies of AHA, USEF/EC, Membership cards for each Rider/Driver/Handler/ Trainer/Owner,  
Horses Registration papers & Purchase contract if applicable.  
Payment – Check or Paypal Receipt (No Open Checks!!!)

**Total Entry Fees**----- \$ \_\_\_\_\_

**IF ENTERING BOTH SHOWS, PUT STALLS & SHAVINGS ON SHOW I ENTRY FORM**

\_\_\_\_ Stalls @ \$ 130.00----- \$ \_\_\_\_\_  
 \_\_\_\_ Day Stalls @ \$45/stall/day----- \$ \_\_\_\_\_  
 \_\_\_\_ Early Arrival @ \$25/stall/day----- \$ \_\_\_\_\_  
 \_\_\_\_ Shavings @ \$10.50 ea ----- \$ \_\_\_\_\_

**OWNER INFORMATION** Owner name as it appears on registration papers/purchase contract

Name \_\_\_\_\_  
 If Joint owner check one:  Non Related Co Owner  Related – What is the Relationship? \_\_\_\_\_  
 AHA# \_\_\_\_\_ USEF/EC# \_\_\_\_\_  
 Farm/Ranch \_\_\_\_\_ USEF Farm ID# \_\_\_\_\_  
 Current Address \_\_\_\_\_ Phone \_\_\_\_\_  
 City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
 Email \_\_\_\_\_

**Show 2 Mandatory Fees:**

Office Fee (per horse) @----- \$ 25  
 USEF Fee @ \$23.00----- \$ 23  
**Only Pay this 1x if showing both shows (15. Drug, 8. Admin)**

**TRAINER INFORMATION** (must be filled out, if there is no trainer, the person responsible for the horse at the show)

Name \_\_\_\_\_  
 AHA# \_\_\_\_\_ USEF/EC# \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
 Email \_\_\_\_\_

AHA Resolution 9-90 @ \$ per horse ----- \$ 10  
 AHA Recording Fee @ \$ per horse ----- \$ 10

**Reg 9 Offsite H/J Regional Show Mandatory Fees:**

Office Fee (Per Horse) @----- \$ 25  
 AHA Resolution 9-90 (per horse) ----- \$ 20  
 AHA Recording Fee (per horse)----- \$ 5

**ADDITIONAL INFORMATION**

Email Acknowledgement to (Print) \_\_\_\_\_  
 Stable with \_\_\_\_\_

**Other Fees**

\_\_\_\_ Post Entry Fee (Per Horse) \$35 ----- \$ \_\_\_\_\_  
 \_\_\_\_ Camper Fee @ \$35/50 / night----- \$ \_\_\_\_\_

**TOTAL FEES DUE** ----- \$ \_\_\_\_\_

**Please Make Checks Payable to: AAHA or attach Credit Card Form**

Class # Qualifying for	Show Name & Date	Placing/Points	Qualifying Class Name

**ALL WAIVERS MUST BE PROPERLY SIGNED**