



SCCAHA

8/5/2017 _____

8/6/2017 _____

Back#: _____

SCCAHA Membership#: _____

Horse's Registered Name: _____

Horse's AHA/AHR/IAHA #: _____

Is this an Non Arabain Horse? _____

Owner's Name: _____

Coggins Date: _____

Owner's Signature: _____

Entry Fees are: Regular class= \$8 & Specialty Class/Sweepstakes=\$10

ARABIAN/HALF ARABIAN CLASSES

1/1/17

Rider/Handler: _____

Age: _____

Class# _____

Reg.Class Total _____ @\$8 =

SPECIALTY CLASSES - OPEN TO ALL BREEDS

1/1/17

Rider/Hadler _____

Age: _____

Class# _____

Specialty Class Total _____ @\$10 =

OPEN BREED CLASSES/Championships

1/1/17

Rider/Handler: _____

Age: _____

Open Class# _____

Open Class Total _____ @\$8 =

SWEEPSTAKES CLASSES - OPEN TO ALL BREEDS

Sweepstakes Class# _____

Sweepstakes Total _____ @\$10 =

MAKE CHECKS PAYABLE TO: SCCAHA

Horses Shown From Trailer @ \$10/ Day =

Stalls _____ @ \$35 each/ Weekend =

Stalls _____ @\$25 each for one day =

Camping: _____ @ \$20/ Day =

High Point for the Weekend Fee @ \$10=

Membership: _____ @ \$20 =

Sponsorship: _____ @ \$30 =

Adds/Deletes =

Office fee per horse =

\$6

Pd by Cash _____ By Ck#: _____

Total \$

Adult Signature: _____ Date: _____

PRE-ENTRIES ARE DUE THE WEDNESDAY BEFORE THE SHOW.

MAIL TO: KRISTIE LAMB, 8978 WILDCAT RD., JEDDO, MI 48032

Entries will also be accepted at the show.

I assume full responsibility for accident and/or injury to myself, my family, or my horses while participating in the SCCAHA. I have read & agree to abide by all SCCAHA rules & regulations.
