



SCCAHA

8/17/2019 _____

Back#: _____

8/18/2019 _____

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= \$6 and & Specialty Class/ Sweepstakes=\$10

ARABIAN/HALF ARABIAN CLASSES and Fine Horses 1/1/19

Rider/Handler: _____ Age: _____

Class# _____

Reg. Class Total _____ @\$6 =

SPECIALTY CLASSES - OPEN TO ALL BREEDS 1/1/19

Rider/Hadler _____ Age: _____

Class# _____ Specialty Class Total _____ @\$10 =

OPEN BREED CLASSES/Championships 1/1/19

Rider/Handler: _____ Age: _____

Open Class# _____

Open Class Total _____ \$6=

SWEEPSTAKES CLASSES - OPEN TO ALL BREEDS

Sweepstakes Class# _____ Sweepstakes Total _____ @\$10 =

MAKE CHECKS PAYABLE TO: SCCAHA

Stalls _____ @ \$35 each/ Weekend =

Stalls _____ @\$25 each for one day =

Tack stalls _____ @\$10 per day =

Camping: _____ @ \$25/ Day =

Membership: _____ @ \$20 =

Sponsorship: _____ @ \$30 =

Adds/Deletes =

Office fee per horse _____ @\$8 =

Total

Pd by Cash _____ By Ck#: _____

\$

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.****