



# GOLD COAST ARABIAN HORSE ASSOCIATION SCHOOLING SHOW ENTRY FORM



EXHIBITOR's #

**NOTE:** One number required for each horse/rider combination.

**PLEASE PRINT COMPLETE ALL INFORMATION**

RIDER/HANDLER NAME: \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

AGE OF RIDER: 13 & under: \_\_\_\_\_ 14 – 18: \_\_\_\_\_ 19 & over: \_\_\_\_\_ **Green Rider?** \_\_\_\_\_

NAME OF HORSE: \_\_\_\_\_

BREED OF HORSE: \_\_\_\_\_

HORSE OWNER'S NAME: \_\_\_\_\_

NUMBER OF CLASS TICKETS \_\_\_\_\_ at **\$ 10.00 each** \$ \_\_\_\_\_

We are using a ticket system.  
Each ticket is good for entrance into ANY class of your choice. Present your ticket at the entry gate and enter the class.

Tickets may be used at other Gold Coast shows in the same year.

**ALL TICKET SALES ARE FINAL  
ONCE YOU LEAVE THE OFFICE**

OFFICE FEES (**\$10 per entry**) \$ \_\_\_\_\_

CA DRUG FEES (**\$14 one-time fee per horse**) \$ \_\_\_\_\_

GROUND FEES (**\$25 one-time fee per horse**) \$ \_\_\_\_\_

SUBTOTAL FEES \$ \_\_\_\_\_

PAYMENT / DEPOSIT RECEIVED \$ \_\_\_\_\_

Number of Additional tickets \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL FEES \$ \_\_\_\_\_

**NEW PAYMENT OPTION -**

**Zelle payment to goldcoastaha@gmail.com**

OFFICE USE:	ZELLE _____	CASH _____	CLOSED CHECK # _____	OPEN CHECK # _____
-------------	-------------	------------	----------------------	--------------------

**RELEASE:** IN CONSIDERATION OF THE ACCEPTANCE OF THIS ENTRY, I HEREBY ENTER THE ABOVE HORSE AT MY OWN RISK AND AGREE TO BE SUBJECT TO THE SHOW RULES AND REGULATIONS OF BOTH GOLD COAST AHA AND THE SHOW FACILITY. I HEREBY RELEASE GOLD COAST AHA AND THEIR AGENTS AND THE SHOW FACILITY FROM ANY CLAIM OR LOSS TO MYSELF, AGENT, EMPLOYEES, HORSES, AND EQUIPMENT, NOR WILL I MAKE ANY CLAIM AGAINST THEM.

\_\_\_\_\_  
**Initials**    I confirm that I have received, read, and accepted the Lone Oak Eq. Ctr "Rules of Conduct" & "General Rules".

\_\_\_\_\_  
**SIGNATURE OF RIDER**  
( or parent or guardian if minor exhibitor )

\_\_\_\_\_  
**SIGNATURE OF HORSE OWNER**

DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**MINORS MUST HAVE A RESPONSIBLE ADULT ON THE SHOW GROUNDS FOR EMERGENCY PURPOSES.**

EMERGENCY CONTACT  
NAME & PHONE NO: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_