

CSHA Region **5** Spring Stampede
 English Western Horse Show
 July 30, 2023, Pleasanton Equestrian Center, Pleasanton, CA
 One Horse and Rider/Handler combination per form. **PRINT LEGIBLY**

ENTRY NUMBER

RIDER'S NAME				AGE	PHONE				EMAIL			
MAILING ADDRESS						CITY				STATE	ZIP	
HORSE'S NAME					AGE	SEX	COLOR			BREED		
CSHA MEMBER YES _____ NO _____				MEMBERSHIP #				REGION				
4H MEMBER YES _____ NO _____				MEMBERSHIP #				CLUB				
CLASSES ENTERED ADDITIONS OR DELETIONS ALLOWED ONLY WITH AN OPEN CHECK												

FEE SCHEDULE:

- \$12/class for CSHA Members
- \$12/class for 4H Members
- \$12/class for Public Pre-entries
- \$15/class Public Day of Show
- \$14/Per Horse Drug Fee
- \$10 Trail Course Fee
- \$20/Per Entry Ground Fee
- \$40/Per Stall Fee

SHOW FEES:

CSHA Member/Total Classes: _____ x \$12 = \$ _____

4H Member/Total Classes: _____ x \$12 = \$ _____

Public Pre-Entry/Total Classes: _____ x \$12 = \$ _____

Public Day of Show/Total Classes: _____ x \$15 = \$ _____

_____ x \$ _____ = \$ _____

Trail Course Fee \$10 (Pay once for Trail Classes) \$ _____

Stall Fees: # _____ of stalls x \$40 = \$ _____

Ground Fee (Per Entry) \$ **20.00**

CDFA Drug Fee (Pay Only Once Per Horse) \$ **14.00**

TOTAL SHOW FEES: \$ _____

Make Check Payable to CSHA Region 5
 Mail Pre-Entry Form postmarked no later than July 23rd to:
 Spring Stampede, 1512 Plymouth Ln Antioch, CA 94509

FOR OFFICE USE ONLY

PAYMENT INFORMATION () OPEN CHECK		CASH AMOUNT \$ _____	
CHECK NUMBER _____	AMOUNT \$ _____	CHECK NUMBER _____	AMOUNT \$ _____