CSHA Region Spring Stampede English Western Horse Show April 28, 2024, Pleasanton Equestrian Center, Pleasanton, CA One Horse and Rider/Handler combination per form. PRINT LEGIBLY

ENTRY NUMBER

RIDER'S NAME	AGE	PHONE			EMAIL	MAIL			
MAILING ADDRESS	<u> </u>	CITY				STATE ZIF		ZIP	
HORSE'S NAME		AGE	SEX	COL	OR	BR	EED		
CSHA MEMBER YES NO	MEMBERSH	BERSHIP#			RE	EGION			
4H MEMBER YES NO	MEMBERSH	IP# 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 \$25 Stall Fee (Day Only) \$10 Buckle Series Entry 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 = \$_____ **Buckle Series Entry Fee: \$10** Trail Course Fee \$10 (Pay once for Trail Classes) \$ Stall Fees: # Stalls:_____ x \$25 = \$**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 Pre-Entry must be received no later than April 27th to: Spring Stampede, 1512 Plymouth Ln Antioch, CA 94509

FOR OFFICE USE ONLY

PAYMENT INFORMATION	() OPEN CHECK	CASH AMO	DUNT \$
CHECK NUMBER	AMOUNT \$	CHECK NUMBER	AMOUNT \$