



ESAHA Spring Show

All Breed Classes Entry Form

PLEASE TYPE OR PRINT ONLY ONE HORSE PER ENTRY FORM.

Horse's Name		Reg. No.		Horse Age		Sex		Color	
Rider 1	Classes /								TOTAL FEES
	Entry Fees								\$
Name				DOB MM/DD/YY		Rider Classification Jr/Youth Amateur Open			
						US Citizen: Yes No			
Address				City		State		Zip	
Rider 2	Classes								TOTAL FEES
	Entry Fees								\$
Name				DOB MM/DD/YY		Rider Classification Jr/Youth Amateur Open			
						US Citizen: Yes No			
Address				City		State		Zip	
Rider 3	Classes								TOTAL FEES
	Entry Fees								\$
Name				DOB MM/DD/YY		Rider Classification Jr/Youth Amateur Open			
						US Citizen: Yes No			
Address				City		State		Zip	

Each person signing this entry form acknowledges that he/she has read the front and reverse of this Entry Form and agrees to the applicable terms, conditions, waivers
ALL OWNERS, TRAINERS, RIDERS, DRIVERS & HANDLERS MUST SIGN ON THE BACK. Minor entrants must also have parent/guardian signature(s) on the back., releases, indemnification and consent as set forth herein. Each person agrees that the information is accurate to the best of his/her knowledge.

THE FOLLOWING MUST BE SENT WITH YOUR ENTRIES

Stall Reservation Form, Signed Release

Total Entry Fees -----\$ _____

Office Fee (per horse) -----\$ 30.00

___ Box Stalls @\$125-----\$ _____

___ Tack Stalls @\$125-----\$ _____

Other Fees

___ Camper Fee (24 hrs or less) @\$50-----\$ _____

___ Camper Fee (Thurs - Sun)@\$200-----\$ _____

___ Patron/Sponsor-----\$ _____

Reserved Seating @\$40-----\$ _____

Misc Fee -----\$ _____

OWNER INFORMATION

Name _____

Current Address _____

City _____ ST _____ Zip _____

Email _____ Phone: _____

TRAINER INFORMATION (must be filled out, if there is no trainer, owner may write same in trainer information)

Name _____

Address _____ Phone _____

City _____ St _____ Zip _____

Email _____

ADDITIONAL INFORMATION Camper Plate # _____ Camper make _____

Send Acknowledgement to Owner _____ Trainer _____

Email Acknowledgement to (Print) _____

Stable With: _____

Total Fees Due: \$ _____

Make Checks Payable to: **ESAHA**

Mail to: ESAHA c/o Sandra Woerle
PO Box 42, Raymore, MO 64083

Questions?

Contact Show Secretary Sandy Woerle (715) 638-0369
woerle79@aim.com

ALL ENTRY FORMS MUST INCLUDE SIGNED RELEASE

OFFICE USE ONLY

Office Use Total \$	
Paid \$	
Check Number	
Date Rcvd	

NOTE: IF PAYING BY CREDIT CARD PLEASE COMPLETE AND ATTACH CREDIT CARD FORM TO ENTRY

Empire Spring Horse Show

May 2-5, 2025 Syracuse, NY

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Participant's Release

Horse sports involve inherent dangers and risk of harm to participants, both equine and human. The Empire State Arabian Horse Association (ESAHA) and New York State Fairgrounds (New York State) are not responsible for any harm resulting from these inherent dangers. By signing below, I acknowledge I have read, understand, and agree with this Release.

Rider #1 Signature(Parent or Guardian if minor) _____

Date _____

Rider #2 Signature (Parent or Guardian if minor) _____

Date _____

Rider #3 Signature (Parent or Guardian if minor) _____

Date _____

Owner Signature (Parent or Guardian if minor) _____

Date _____

Trainer Signature _____

Date _____

Empire State Arabian Spring Show
Block Stabling Request

IF YOU REPRESENT A GROUP OF HORSES WITH DIFFERENT OWNERS THAT WOULD LIKE TO STABLE
TOGETHER,
PLEASE COMPLETE AND SUBMIT THIS FORM ALONG WITH YOUR ENTRIES TO THE SHOW SECRETARY.
ONE FORM PER GROUP PLEASE

Stable/Trainer's Name _____
(This is the name under which the stalls will be assigned)

Barn Preference: Main Barn - DVM Barn

Owner's Name	Horse's Name	Tack Stalls	Box Stalls

of Horse Stalls _____ # of Tack Stalls _____ Total # of Stalls _____

of Tie Stalls (Main barn only) _____

Phone # _____ Arrival: Day & Time _____

Signature of person making the request _____

Email address for confirmation of stabling: _____

Empire State Arabian Spring Horse Show

May 2-4, 2025



Credit Card Authorization Form

Card Type: Visa _____ Mastercard _____ AMEX _____ Discover _____

Credit Card # _____ Exp Date _____ / _____

Sec Code _____ Amount to be Charged \$ _____

Billing Address _____

City _____ State _____ Zip Code _____

Name on Card _____ Ph. _____

Email Address for Receipt _____

Authorized Signature _____

For Office Use Only

EB# _____ Amt \$ _____ Date _____

Auth Code _____

EB# _____ Amt \$ _____ Date _____

Auth Code _____

EB# _____ Amt \$ _____ Date _____

Auth Code _____

**NOTE: ALL Credit Card Charges incur a 4% processing fee. Be sure this is included in total.
See entry form.**