

IPtHA 2010 PRE-REGISTRATION FORM

****This form must be postmarked 10 days prior to the date of the show****

YOU MUST PICK UP YOUR CONFIRMATION SHEET AT THE SHOW OFFICE BEFORE YOU SHOW IN ANY CLASS

Back #

IPtHA Reserved Number or request a number.
Numbers are assigned as they are received.

Owner Name: _____	Phone: _____
Address: _____	City, State, Zip: _____
Horse Name: _____	Email Address: _____

- A. Have you enclosed: (**copies only** – not originals)
- o Registration Papers – (both Sides, showing current Owner)
 - o Owner and/or Exhibitors current years PtHA membership card (Open, YA, AM)
 - o Current year lease information (You cannot purchase lease at the show)
 - o Current year Coggins test results
(Indiana Law requires all out of state horses, entering the state of Indiana, to have with them a Negative Coggins Test, dated within the last 12 months and a Current Health Certificate, dated within 30 days)

- B. Registering for: (**Circle only One show, One horse per form**)
- | | |
|--|---------------------------------|
| May 15-16 - Spring Show
(4 Judges) | Sept 11-12
(4 Judges) |
|--|---------------------------------|

C. Master Entry Form – Use the PtHA Master Entry Form. One Entry Form per Horse.

D. Payment

1. Entry Fee:			
Pre- Registration Fee (\$5.00/class/judge):	_____ classes X \$5.00 X	4 Judges	\$ _____
Pre- Registration Economy Rate (\$25.00/Judge):	\$25.00 X	4 Judges = \$100.00	\$ _____
2. Office Fee (\$10.00/horse)	\$10.00		\$ 10.00
3. ROM Fee (\$5.00/judge)	\$5.00 X	4 Judges	\$ 20.00
4. Camping Fee (\$35.00/weekend or \$20.00 Per Night)			\$ _____
5. Showing from Trailer (\$5.00/day)	\$5.00 X	_____ Days	\$ _____
6. Additional PtHA Fee ((\$1.00/class)	\$1.00 X	_____ Classes	\$ _____
7. Stalls: # _____ Stalls X \$30.00	Day Stalls: Fri _____ Sat _____ X \$20.00		\$ _____
8. Please indicate how many stalls even if you pre-paid for your stalls. If pre-paid mark here _____			
9. Misc. Fees: Shavings \$7 @Stall \$6 @Trailer _____ Bags= \$ _____	Pattern Book(s) \$ _____		\$ _____
10. Classes 96,97,98 (may not enter under Economy Fee) @\$2 Each _____			\$ _____
(Make check payable to IPtHA)			TOTAL \$ _____

IPtHA Membership	(Include IPtHA Membership Form. Rates are on form). Requires a separate check payable to IPtHA Membership	\$ _____
PtHA Membership	Include PtHA Membership form. Requires separate check payable to PtHA	\$ _____

Mail to: Joe Grissom, 1056 South Clay St., Frankfort, IN 46041-3137 (765) 242-4644.

By the act of entering this show, Owners, Lessees, and Exhibitors agree that PtHA, IPtHA, the Show Grounds, and the Show Committee will not be held responsible for any loss, injury, damage, or debts in connection with this show.

Adult Signature	(Parent or Guardian, if Owner, Lessee, or Exhibitor is under 19)	Date
For Office Use Only	Back # _____ \$ _____	Amount Paid \$ _____
	Back # _____ \$ _____	Check # _____
	TOTAL \$ _____	