

CHECKS TO COVER ALL FEES
ENTRIES CLOSE September 2, 2009
ENTRY FEES AND STALL FEES MUST ACCOMPANY ENTRY BLANK

**THE SAINT LOUIS
 NATIONAL CHARITY HORSE SHOW
 NATIONAL EQUESTRIAN CENTER at
 LAKE ST. LOUIS, MISSOURI**



photocopies of measurement cards are acceptable
 show dates: **September 23 - September 26, 2009**

Mr. Charles Byron, Show Manager
 Ms. Sara Ressler, Show Secretary

C	Do not Use This Space	Name of Horse Class Number Under Name	Total Entrance	For Office Use Only	Color	Sex	Height	Year Foaled	Reg. #	USEF HORSE ID #	EXHIBITOR <small>(If more than one rider, specify rider and class) (If equitation - give complete address of rider)</small>	Exhibitor USEF #	Jr. Exhibitor DOB	One Owner Per Entry Blank			
														Name _____ Street _____ City _____ State ____ Zip _____	AHHS # _____ USEF # _____ ARHPA # _____ ASHA # _____ USDF# _____		
Saddle & Bridle Hunter Classic Finalists - Show where you qualified:				Saddle & Bridle Working Western Pleasure Finalists - Show where you qualified:				Saddle & Bridle Western Pleasure Finalists - Show where you qualified:									
HORSE ARRIVAL DATE* <small>VERY IMPORTANT DUE TO STALL AVAILABILITY</small>			STABLE WITH <small>MUST APPEAR ON BOTH ENTRY BLANKS</small>			Pleasure Medallion Finalists - Show where you qualified:											

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="text-align: center;">TOTAL ENTRY FEES</td> <td style="width: 50%; text-align: center;"><small>DO NOT USE THIS SPACE</small></td> </tr> <tr> <td>___ Permanent Stall Fee - \$120 / \$130 (late)</td> <td></td> <td></td> </tr> <tr> <td>___ Stalls for early arrival</td> <td style="text-align: right;">@ \$15.00</td> <td></td> </tr> <tr> <td>___ USEF Fee (Drug & Medication (\$7.00 + US-E \$8.00))</td> <td style="text-align: right;">@ \$15.00</td> <td></td> </tr> <tr> <td>___ USEF Non-Member Fee</td> <td style="text-align: right;">@ \$30.00</td> <td></td> </tr> <tr> <td>___ Office Fee - Per Horse</td> <td style="text-align: right;">@ \$25.00</td> <td></td> </tr> <tr> <td>___ Post entries - Per Horse</td> <td style="text-align: right;">@ \$25.00</td> <td></td> </tr> <tr> <td>___ Box Seat (8) seats</td> <td style="text-align: right;">@ \$400.00</td> <td></td> </tr> <tr> <td>___ Bag Shavings</td> <td style="text-align: right;">@ \$8.00</td> <td></td> </tr> <tr> <td>___ Camper per day/night</td> <td style="text-align: right;">@ \$25.00</td> <td></td> </tr> <tr> <td>___ Parking/Exhibitor badge (per exhibitor)</td> <td style="text-align: right;">@ \$10.00</td> <td></td> </tr> </table> <p>Make checks payable to: St. Louis National Charity Horse Show</p> <p>OPEN CHECK POLICY TOTAL AMOUNT DUE</p> <p>Receive horse show news. Give us your e-mail address:</p>		TOTAL ENTRY FEES	<small>DO NOT USE THIS SPACE</small>	___ Permanent Stall Fee - \$120 / \$130 (late)			___ Stalls for early arrival	@ \$15.00		___ USEF Fee (Drug & Medication (\$7.00 + US-E \$8.00))	@ \$15.00		___ USEF Non-Member Fee	@ \$30.00		___ Office Fee - Per Horse	@ \$25.00		___ Post entries - Per Horse	@ \$25.00		___ Box Seat (8) seats	@ \$400.00		___ Bag Shavings	@ \$8.00		___ Camper per day/night	@ \$25.00		___ Parking/Exhibitor badge (per exhibitor)	@ \$10.00		<p style="text-align: center;">CHECKS TO COVER ALL FEES MUST ACCOMPANY ENTRIES</p> <p style="text-align: center;">NO INITIAL BEDDING SUPPLIED</p> <p style="text-align: center;">STALLS AVAILABLE FOR OCCUPANCY MONDAY SEPT. 21, 2009 12:00 NOON</p>
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MAIL PREMIUM CHECKS TO:

Check this box to donate your prize money to the Humane Society of Missouri's Longmeadow Rescue Ranch.

Print Name _____

Address _____ **City** _____ **State** _____ **Zip** _____

Tel. No. _____ **SS #** _____

Email _____ **Emergency Contact** _____ **Tel. No.** _____

<p>Make checks payable and mail to:</p> <p>The Saint Louis National Charity Horse Show c/o Sara Ressler 5985 Cuthbert Road White Lake, MI 48386 Telephone/fax: 248-922-0148 E-mail: SaRessler@aol.com</p>	<p style="text-align: center;">For Office Use Only</p> <p>Date Received _____</p> <p>Check # _____</p> <p>Receipt # _____</p> <p>Amount \$ _____</p>
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ALL HORSES MUST HAVE A NEGATIVE COGGINS TEST PERFORMED WITHIN 12 MONTHS OF THE SHOW, AND HEALTH PAPERS CURRENT WITHIN 45 DAYS.

Please **READ** information on the **REVERSE SIDE**, fill in the blanks and sign.

Circle one **Mastercard / Visa** **Acct#** _____ **Signature** _____ **Will arrive** _____ **Will stay at hotel** _____ **exp. date** _____

