

## STPHC Margarita Entry 2025

EX #:

**Horse Name:** \_\_\_\_\_ **APHA Reg #** \_\_\_\_\_

Sex: \_\_\_\_\_ Year Foaled: \_\_\_\_\_ ABRA Reg #: \_\_\_\_\_ PHBA Reg# \_\_\_\_\_

**Owner:** \_\_\_\_\_ **Owner ID:** \_\_\_\_\_

Address: \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

## Exhibitor A

**Exhibitor Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Assoc. ID Number: \_\_\_\_\_ Exp. \_\_\_\_\_ Type of exhibitor : Youth Amateur Open PHBA: \_\_\_\_\_

**Address:** \_\_\_\_\_ **City State Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**City State Zip** **Phone:** **Email:**

## Exhibitor B

**Exhibitor Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Relationship** \_\_\_\_\_

Assoc ID Number: \_\_\_\_\_ Exp \_\_\_\_\_ Type of exhibitor : Youth Amateur Open PHBA \_\_\_\_\_

**Address:** \_\_\_\_\_ **City State Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

## Exhibitor C

**Exhibitor Name:** **DOB:** **Relationship**

**Assoc ID Number:** \_\_\_\_\_ **Exp** \_\_\_\_\_ **Type of exhibitor : Youth** \_\_\_\_\_ **Amateur** \_\_\_\_\_ **Open** \_\_\_\_\_ **PHBA:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City State Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**City State Zip** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Show Fees: Checks payable to **STPHC**

APHA \$38 per class or flat fee \$175	#classes _____ x \$38	\$ _____
PHBA \$38 per class or flat fee \$175	#classes _____ x \$38	\$ _____
All Breed \$30 per class or flat fee \$150	#classes _____ x \$30	\$ _____
APHA Fee - \$12 per class (not in entry fee or flat fee)	#classes _____ x 12	\$ _____
ABRA Fee - \$8 per horse in ABRA/BB classes		\$ _____
PHBA Fee - \$28 per horse in PHBA/PB classes		\$ _____
Trail practice \$10 – once per horse entered in trail		\$ _____
Office Fee: \$30 per horse		\$ _____
Stall \$45 per night	#stalls _____ x #nights _____	\$ _____
Shavings - \$14 per bag		\$ _____
RV - \$40 per night		\$ _____
Total:		\$ _____

Credit Card (4% handling)

Name on card: \_\_\_\_\_ Phone number \_\_\_\_\_

Card # \_\_\_\_\_ Exp \_\_\_\_\_

CVC \_\_\_\_\_ Billing Zip Code \_\_\_\_\_