

## STPHC Margarita Entry 2025

EX #: \_\_\_\_\_

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

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

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

<b>Address:</b>	Expiration Date
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NSBA#:

**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:
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City State Zip Phone: Email:

[illegible]

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 \_\_\_\_\_