

BILLING SHEET - PLEASE PRINT ALL INFORMATION
SEPARATE REGISTRATION FORMS FOR EACH HORSE/RIDER COMBINATION

Please circle all classes being entered – NO REFUNDS FOR SCRATHCES

Saturday Show					
1	2	3	4	5	6
7	8	9	10	11	12
13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30
31	32	33	34	35	36
37	38	39	40	41	42

Sunday Show					
1	2	3	4	5	6
7	8	9	10	11	12
13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30
31	32	33	34	35	36
37	38	39	40	41	

Office Fee @ \$5 / Day (# of days _____) \$ _____

High-Point Fee \$2 (x #of days __) *must also show in a halter class* \$ _____

Entry Fee @ \$6 each class (# of total classes _____) Both days \$ _____

Shavings @ \$7 bag (# of bags _____) \$ _____

OTHER _____ \$ _____

TOTAL AMOUNT FOR WEEKEND – Received by: (initials) _____ \$ _____

PAYMENT MADE BY: CASH____ CHECK (#) (attach)_____ CREDIT CARD____

Print Name of Person Making Payment _____

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LAST NAME _____ FIRST NAME _____

EXHIBITOR# _____ HORSE'S NAME _____

EIA CHK _____ STALL# _____ Age Category: JRJR____ JR____ SR____

EXHIBITOR ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____ PHONE _____

ALL Riders must sign below. No one in any way connected with this show shall be held responsible for accidents to animals, persons, equipment or for theft of any kind while on these show premises. All exhibitors, riders, and spectators participate at their own risk. Parent or guardian must sign if rider/exhibitor is under 18.

Signature _____

Registration received by SMILES Staff: (initials) _____