



ENTRY FORMS

EMAIL TO: Sandnessb@yahoo.com

**SEPT 28-30 STATE CHAMPIONSHIP SHOW
AND PETE FRASER CLINIC**

ENTRY FORM (Fill out one for each competitor)

Name _____

Address _____

City _____

State _____ Zip _____

Telephone _____

Email _____

Some information about you and your horse for the announcer:

EXCA Number _____

EXCA Division _____

Horse

Horse's Name _____

Horse's Breed _____

Horse's Sex _____

FEES: (Per race on double race days)

| | | |
|-------------------------------|----------|-------|
| Young Guns | \$35.00 | _____ |
| Youth | \$45.00 | _____ |
| Novice | \$45.00 | _____ |
| Green Horse | \$45.00 | _____ |
| Intermediate | \$55.00 | _____ |
| Ride Smart | \$55.00 | _____ |
| Non-Pro | \$65.00 | _____ |
| Pro | \$65.00 | _____ |
| Indoor Stalls / night | \$25.00 | _____ |
| Refundable stall cleaning fee | \$25.00 | _____ |
| Shavings per bag | \$ 6.00 | _____ |
| Clinic exhibitor | \$100.00 | _____ |
| Clinic spectator | \$ 50.00 | _____ |

You must be an EXCA member to ride:

Individual Membership \$ 65.00 _____

Family Membership \$105.00 _____

TOTAL _____

SAME RIDER'S OPTIONAL SECOND ENTRY

EXCA Division _____

Horse

Horse's Name _____

Horse's Breed _____

Horse's Sex _____