

OLD DOMINION SPRING THAW AMHA SHOW

May 20-21, 2017

Virginia Horse Center Foundation Lexington, VA

Farm Name: _____

Owner Name: _____

Address: _____

City, State, Zip _____

Phone &
Email _____

I certify that I am a Youth or Amateur as required by the Rules of AMHA.

1 _____ AMHA# _____

2 _____ AMHA# _____

3 _____ AMHA# _____

4 _____ AMHA# _____

Youth Must provide Date of Birth – Age group determined by Age on January 1st of current year.

I hereby enter miniature horse(s) in the classes below. In entering the horse(s) in participation in such events and in making use of property privileges, I will abide and be bound by all rules and regulations. I hereby hold harmless the show manager, show secretary, show organizers, sponsors or sponsor management from any loss, damage or injury to any person or property resulting from such entry, participation or use of such property or privileges.

Exhibitor Signature: _____

Parent or Guardian (for Youth Exhibitor) _____

Must be signed before Participation

Office Use Entry#	Office Use Height	Registered Name of Horse	Reg. No.	Sex	DOB	Registered Owner

Exhibitor _____

Class # (One class number per square)

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Exhibitor _____

Class#

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Exhibitor _____

Class #

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Exhibitor _____

Class#

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Exhibitor _____

Class #

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Exhibitor _____

Class#

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Exhibitor _____

Class #

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Exhibitor _____

Class#

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Exhibitor _____

Class #

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Exhibitor _____

Class#

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This show is approved by and conducted under the rules of the American Miniature Horse Association, Alvarado, TX. All entered horses must be registered with AMHA. Youth/Amateur Exhibitors must provide their Current (2017) AMHA Youth/Amateur number in the space provided on the front of the entry form.

The following must be enclosed with submitted entries:

1. Copy of each horse's Registration Papers
2. Copy of Current (2017) Youth/Amateur Card
3. Check for monies due. Make checks payable to **Old Dominion Miniature Horse Club. (ODMHC)**

PayPal is available to pay prior to show but must be time stamped no later than pre-entry deadline to avoid post-entry fees. **You can use your Credit Card at PayPal** once you click **Buy Now** button at <http://www.odmhc.com/forms.html#showpayment> just click the "Pay with Debit or Credit Card button". There will be a 2.5% service fee (That is what it costs us to use PayPal).

ENTRIES POSTMARKED AFTER APRIL 29TH WILL BE CHARGED A \$5.00 PER CLASS POST-ENTRY FEE.

ENTRIES ARE TO BE SENT TO: Laura Mullen, 705 Westland Drive, Greensboro, NC 27410. Inquiries can be made at 607-769-6743, by email at winectry@aol.com or on website: www.odmhc.com.

COMPLETE THE FOLLOWING

ENTRIES AND STALLS

OPEN CLASSES _____ @ \$40.00 per Class \$ _____
If Postmarked after April 29, 2017 _____ @ \$45.00 per Class \$ _____

AMATEUR CLASSES _____ @ \$30.00 per Amateur Class \$ _____
If Postmarked after April 29, 2017 _____ @ \$35.00 per Amateur Class \$ _____

YOUTH & SPECIAL NEEDS CLASSES _____ @ \$20.00 per Youth Class \$ _____
If Postmarked after April 29, 2017 _____ @ \$25.00 per Youth Class \$ _____

FLAT FEE PER HORSE (Pre-Entry) _____ @ \$125.00 per Horse \$ _____

FLAT FEE PER HORSE (Post-Entry) _____ @ \$150.00 per Horse \$ _____

STALLS _____ @ \$60.00 flat-rate fee \$ _____
 No More than two horses per stall – Two year and older stallions must be stalled separately.

SHOWING OFF TRAILER _____ @ \$20.00 per horse \$ _____

EARLY ARRIVALS _____ @ \$20.00 per stall \$ _____
 Early arrivals before 5/17

LAYOVERS _____ @ \$15.00 per stall \$ _____
 For Layovers 5/21

SHAVINGS -- will be provided by the facility at \$8.00 per bag. Call 540-464-2966 to pre-order your Shavings, pre-ordered shavings will be delivered ahead of time. **You can bring your own shavings!**

Please stall with: _____

CAMPER HOOKUP Call 540-464-2966 to make reservations. You will pay them directly \$40 per night + tax

OFFICE FEE: _____ @ \$12.00 per horse \$ _____
Includes the \$1.00 per judge AMHA fee

TOTAL \$ _____

Make Checks Payable To: Old Dominion Miniature Horse Club.
 Mail To: Laura Mullen, 705 Westland Drive, Greensboro, NC 27410.

Check one please Check PayPal Credit Card

I plan to arrive (Date and approximate time): _____
 In case of emergency I can be reached at (phone) _____ Hotel/Room _____
 Please note any special requests here: _____

WE WELCOME ALL EXHIBITORS WITH SPECIAL NEEDS