

MERCED HORSEMEN'S ASSOCIATION

ENTRY FORM one entry per horse per day

HORSES NAME _____ YEAR FOALED _____

OWNERS NAME _____ PHONE # _____

OWNERS ADDRESS _____

CITY/STATE/ZIP _____

OWNERS E-MAIL _____ OWNERS SSN _____

RIDER #1 NAME _____	PHONE # _____
RIDERS ADDRESS _____	
CITY/ST/ZIP _____	
RIDERS E-MAIL _____	RELATIONSHIP TO OWNER _____

CLASS#	CLASS NAME	CLASS FEE
<i>TOTAL OF CLASS FEES FOR RIDER #1</i>		

RIDER #2 NAME _____	PHONE # _____
RIDERS ADDRESS _____	
CITY/ST/ZIP _____	
RIDERS E-MAIL _____	RELATIONSHIP TO OWNER _____

CLASS#	CLASS NAME	CLASS FEE
<i>TOTAL OF CLASS FEES FOR RIDER #2</i>		

TOTAL CLASS FEES FROM RIDERS 1 & 2	\$ _____
DRUG FEE	\$ 5.00
OFFICE FEE	\$ 10.00
OVERNIGHT STABLING (LIMITED-RESERVE EARLY	\$ _____
POST ENTRY FEE \$20 PER CATTLE CLASS	\$ _____
SCRATCH FEE	\$ _____
MISCELLANEOUS FEE	\$ _____
CASH OR CHECK # _____	
TOTAL FEES	\$ _____

* * * BE SURE TO SIGN FACILITY RELEASE * * *

MAKE CHECKS PAYABLE TO MHA

Mail OR E-mail ALL Entries To: GSS Entries c/o Tereasa Canada

277 Scenic Ave Santa Rosa, CA 95407

Phone 707-318-5933 E-mail: gssinfo@sbcglobal.net

www.goldenstateshows.com