SD Spring Thaw Entry Form -- Show Date: May 19 & 20, 2018 -- Pre Entry Date: May 1, 2018

Person Submitting Entry:_____ Farm Name: _____ Email: _____
Address: _____ City, State, Zip:_____ Phone Number:_____

1) Registered Name of Horse_____ Registration # _____ AMHR /ASPC /ASPR (*Circle One)*

Sex _____ DOB _____ Owner/Lessee _____ City,State _____

Exhibitor's Name	*Membership #*	*Youth /Amateur*	*Youth DOB*						*Classes*					

2) Registered Name of Horse_____ Registration # _____ AMHR ASPC ASPR (*Circle One)*

Sex _____ DOB _____ Owner/Lessee _____ City,State _____

Exhibitor's Name	*Membership #*	*Youth /Amateur*	*Youth DOB*						*Classes*					

Exhibitor's Name *Membership #* *Youth or Amateur* *Youth DOB* *Classes*

3) Registered Name of Horse_____ Registration # _____ AMHR/ASPC/ASPR (*Circle One)*

Sex _____ DOB _____ Owner/Lessee _____ City,State _____

Exhibitor's Name	*Membership #*	*Youth /Amateur*	*Youth DOB*	*Classes*										

4) Registered Name of Horse_____ Registration # _____ AMHR/ASPC/ASPR (*Circle One)*

Sex _____ DOB _____ Owner/Lessee _____ City,State _____

Exhibitor's Name	*Membership #*	*Youth or Amateur*	*Youth DOB*	*Classes*										

The following must accompany each entry or will be processed as late entry:
Copy of Each Horse's Registration Papers, Amateur Cards & Youth Cards of Exhibitors

Office Fee (per Horse)	_____ x $ 5	=_____
Open Classes and Liberty	_____ x $ 30	=_____
Unlimited classes w/o Liberty	_____ x $ 75	= _____
Unlimited classes with Liberty	_____ x $ 85	= _____
Stall Fee	_____ x $ 50	=_____
Shavings	_____ x $6.50	= _____
RV Parking per day	_____x $ 30	=_____
Class Sponsorship	_____ x $25	= _____
Total Amount Enclosed		$_____

Make Checks Payable to: **South Dakota Miniature Equine Club**

Mail Entries by Pre Entry Date to: **Tracey Slagle**
2793 16th Road
Central City, NE 68826

Stabling Request:_____

Classes to be sponsored _____

In Case of Emergency we are staying at _____ and can be contacted at (phone number) _____
VISA & MC WILL BE ACCEPTED AT THE SHOW **WITH** THE CARD. 5% CHARGE FOR CARD USE

NO REFUNDS OR EXCHANGE OF HORSE WITHOUT VETERINARIAN'S STATEMENT
This show is approved and conducted under the rules of the ASPC/AMHR and is open only to horses registered with the ASPC/AMHR. I hereby enter these horses in the listed classes, by so entering I agree to abide by and be bound by all rules and regulations of ASPC/AMHR, agree to hold harmless the managers and sponsors of the show from all liability in case of accident, theft, injuries or loss in any way associated with my participation in this event. **Under South Dakota law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to §42-11.**
THIS FORM MUST BE SIGNED BY THE EXHIBITOR IN ORDER TO PARTICIPATE IN THE SHOW.

My signature is proof that I have read, understand and accept this statement.

_____ _____ _____
Authorized Signature Parent or Guardian signature (required for all Youth Exhibitors) Date