



MAY 23-26, 2024

ONE OWNER PER ENTRY BLANK

ENCLOSE COPY OF REGISTRATION PAPERS SHOWING PROOF OF CURRENT OWNERSHIP FOR EACH SADDLEBRED ENTERED, DOCUMENTATION OF EQUINE INFLUENZA VIRUS AND EQUINE HERPES VIRUS VACCINATION WITH 6 MONTHS PRIOR TO SHOW, NEGATIVE COGGINS TEST REQUIRED FOR EACH HORSE, PLUS HEALTH CERTIFICATES FOR OUT OF STATE HORSES, PLUS COPY OF CURRENT ASHBA MEMBERSHIP CARD FOR EACH OWNER, EXHIBITOR & TRAINER (MISCELLANEOUS, ACADEMY AND WALK/TROT CLASSES EXEMPT). NO ENTRIES PROCESSED UNTIL MONEY RECEIVED.

Please complete both sides of this form -- signature required

OWNER'S NAME: _____

ASHBA#: _____

UPHA #: _____

ENTRIES CLOSE: MAY 6, 2024

	NAME OF HORSE	AGE	COLOR	SEX	HT	REG.#	RIDER/DRIVER NAME	CLASS	CLASS	CLASS	CLASS	TOTAL FEES
								FEE	FEE	FEE	FEE	

**Bedding / Feed For Sunday Must Be Ordered by Saturday
Will Not Be On Premises Sunday**

FOR COMPETITION'S USE:

Ck# _____	Ck Amt. _____
Date Rec. _____	
EB# _____	

Cell Number _____

Email Address: _____

Stable With: _____

Arrival Date: _____

Local Hotel: _____

MAKE CHECKS PAYABLE TO:
MADISON CLASSIC HORSE SHOW

MAIL ENTRIES TO:
MADISON CLASSIC HORSE SHOW
VICKY HOLSTON, SHOW SECRETARY
N7887 Maple Ridge Road
OCONOMOWOC, WI 53066
(262) 510-6614
E-MAIL: vholston@msn.com

Quality Feed & Bedding
920-866-2459 or 920-362-1054

Shavings: _____
Hay: _____
Grain: _____
Boards: _____

TOTAL ENTRY FEES _____

_____ BOX STALLS @ \$175.00

_____ PRIVACY PARTITIONS @ \$10.00

_____ TACK STALLS @ \$175.00

_____ E.S.C. Fee @ \$15 Performance, @ \$5 Academy Rider (mandatory)

_____ BANNER SPONSOR @ \$300.00

_____ RINGSIDE TABLES @ \$300.00

_____ EARLY ARRIVALS @ \$25.00/ Prior to May 21

OFFICE FEE @ \$30.00/HORSE (mandatory charge)

_____ POST ENTRY FEE (mandatory) if received after close
If received prior to May 6: \$25.00/horse. On or after May 20: \$50.00/horse

TOTAL CHARGES \$ _____

Madison Classic Web Site: www.horshowcalendar.com
Stalls Available Tuesday, May 21 at noon



MADISON CLASSIC HORSE SHOW ENTRY AGREEMENT
 SIGNATURES REQUIRED IN THREE (3) PLACES (AT X) BELOW
 Entries Not Signed Will Not Be Accepted * Carefully Read This Agreement Before Signing!



EVERY ENTRY AT A SHOW THAT PAYS THE EQUINE SPORTS COUNCIL EXHIBITION AND/OR DRUG FEES AND IS EXHIBITED AND JUDGED ACCORDING TO THE ESC RULES AND GUIDELINES SHALL CONSTITUTE AN AGREEMENT AND AFFIRMATION THAT: (1) THE OWNER, AGENT, LESSEE, TRAINER, MANAGER, COACH, DRIVER AND RIDER AND ANY OF HIS/HER REPRESENTATIVES ARE BOUND BY THE SHOW RULES; (2) THAT EVERY HORSE, RIDER, AND/OR DRIVER IS ELIGIBLE AS ENTERED, INCLUDING AMATEUR OR PROFESSIONAL STATUS; (3) THEY AGREE TO ACCEPT AS FINAL THE DECISION OF SHOW MANAGEMENT ON ANY QUESTION ARISING UNDER SAID RULES, AND AGREE TO HOLD THE SHOW, EQUINE SPORTS COUNCIL, THEIR OFFICIALS, DIRECTORS, AND EMPLOYEES HARMLESS FOR ANY ACTION TAKEN; (4) THAT THE OWNER, RIDER/DRIVER AND ANY OF THEIR AGENTS OR REPRESENTATIVES AGREE TO HOLD THE SHOW, EQUINE SPORTS COUNCIL, AND THEIR OFFICIALS, DIRECTORS, EMPLOYEES AND AGENTS HARMLESS FOR ANY INJURY OR LOSS SUFFERED DURING OR IN CONJUNCTION WITH THE SHOW, WHETHER OR NOT SUCH INJURY OR LOSS RESULTED DIRECTLY OR INDIRECTLY FROM THE NEGLIGENT ACTS OR OMISSIONS OF SAID OFFICIALS, DIRECTORS, EMPLOYEES OR AGENTS OF THE SHOW OR EQUINE SPORTS COUNCIL.

Owner (Mandatory)

Signature: _____

Print Name: _____

UPHA #/ASHBA #: _____

Address: _____

City, State, Zip: _____

Phone: _____

Trainer (Mandatory)

Signature: _____

Print Name: _____

UPHA #/ASHBA #: _____

Address: _____

City, State, Zip: _____

Phone: _____

Rider/Driver/Handler/Agent (Mandatory)

Signature: _____

Print Name: _____

UPHA #/ASHBA #: _____

Address: _____

City, State, Zip: _____

Phone: _____

COMPLETE BOTH SIDES OF THIS FORM!