

Office Use Only



Mail: 11127 Orcas Ave, Lake View Terrace, CA 91342 • Email: show@goldcoasthorseshow.com • Entries Due 10 Days Before Show

Horse's Name:					USHJA #:		USEF #:		
Breed:		Color:		Age:		Sex:		Height:	
Owner's Name:									
Address:									
City:			State:		Zip:		US Citizen: [] Yes [] No		
SSN or Fed Tax ID # (for prize money):						Phone:			
Email Address:			USHJA #:		USEF #:				
Trainer's Name:					Barn / Farm Name:				
Address:									
City:			State:		Zip:		US Citizen: [] Yes [] No		
Email Address:									
Phone:			USHJA #:		USEF #:				
Rider 1 Name:									
Address:									
City:			State:		Zip:		US Citizen: [] Yes [] No		
Email Address:									
Phone:			USHJA #:		USEF #:				
Rider 2 Name:									
Address:									
City:			State:		Zip:		US Citizen: [] Yes [] No		
Email Address:									
Phone:			USHJA #:		USEF #:				
Emergency Contact (during the show) - Name:						Phone: ()			
Address:									
City:			State:		Zip:				
Prize Money Payee (if other than owner):									
SSN or Fed Tax ID #:									

Fees Due With This Entry

- Registration Fees**
 - H/J -\$100 H/J -Fri. \$50
 - Boarder/Facility Fee
 - H/J -\$50 H/J -Fri. \$25
 - Trailer In/ Ride On**
 - ___ days @ \$25/day ___
 - Stall Fee**
 - H/J -\$190 H/J -Fri. \$75
 - Drug & Medications Fees**
 - H/J USEF - \$23
 - H/J CDFA - \$14
 - Earth Rider Environment Fee**
 - \$10/horse
- Total Due: \$** _____
Please make checks payable to:
Gold Coast Horse Shows
To pay by credit card:
www.goldcoasthorseshow.com

Classes For Rider 1

Owner Signature: _____

Trainer Signature: _____

Classes For Rider 2

Rider 1 Signature: _____

Rider 2 Signature: _____

Other Possible Fees Due At The Show

USHJA @ \$2 / CA Drug @ \$14

Parent / Adult Guardian Sign & Print Name (if any riders are minors):

Signature: _____

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Entry Postmarked ____/____/____

Print Name: _____

Amount Received: \$ _____

Check #: _____ CC: _____