Horse's Name:	
Owner's Name :	
Address:	
City, State, Zip:	
Phone:	_E-mail:
Trainer:	

CLASS	RIDER	BIRTHDATE

Sign up on-line or fax entries to 909-494-5485 PRIOR to 12/29/25 to avoid the \$30 Post Entry Fee!

Audited by:	Entered by:	Exhibitor #				
	r AHA/AQHA classes) 4 Reg #:		Age:	_Sex:		
Reg Owner AHA/AQHA # and exp date						
Rider AHA/AQHA and exp date #						
Rider's Relationship to Owner:						
SIGNATURE REQUIRED: I hereby release the Southern California Professional Horseshow Association (Hereafter referred to as SCPHA) from all liability for any act of negligence or want of ordinary care on the part of SCPHA and or any of its agents. In consideration of my participation in events organized or sponsored by SCPHA I waive, release, and discharge SCPHA and their directors, officers, agents and members, their representatives, heirs, executors and assigns from any and all claims of liability for injury or damage to myself, my animals, or my property arising out of my participation in SCPHA events. This agreement is binding upon my executors, heirs, and assigns.						
X Date:						
Your signature on this entry form is your acknowledgement that you have read, understand and agree to abide by SCPHA rules.						
SCHEDULE OF FEES						
Payment in full required before back number given. SCPHA All Day Fee: After 5 th regular class, additional classes are FREE! (per rider) Warm-up, AQHA, classes and pole fee not included. AQHA fee includes all applicable AQHA fees.						
Warm-up Class F	ees \$15.00 per go					
SCPHA Class Fees \$25.00 per class Jackpot \$50+class fee				;		
AHA/AQHA Class Fe						
Post Entry Fee (a						
CA Drug Fee	\$14 per h			\$14.00		
Grounds Fee				\$31.00		
SCPHA Members		q. for High Pt & EC		igwdown		
Pole Fee Trail and		rail horse ent	•			
Stall\$50 per night RV\$50 He	\vdash					
\$50660Amount I						
Check # or Cas	sh received					

Other entries included with this check or cash: