

**CHECKS TO COVER ALL FEES
ENTRIES CLOSE MARCH 27, 2017**

ENTRY FEES AND STALL FEES MUST ACCOMPANY ENTRY BLANK

Raleigh Invitational Horse Show
Governor James B. Hunt Jr. Horse Complex
Raleigh, North Carolina

SHOW DATES: April 13 -15, 2017
Mrs. Joyce Wilson, Show Manager
Mrs. Barbara Lewis, Show Secretary

C	Do Not Use This Space	Name of Horse Class Number Under Name	Total Entrance	Card Measure	Color	Sex	Height	Year Foaled	Reg. #	EXHIBITOR (If more than one rider, specify rider and class) (If equitation must give complete address of rider)	Jr. Exhibitor DOB	OWNER		
												Name	Street	City State ____ Zip
												Name	Street	City State ____ Zip
												Name	Street	City State ____ Zip
												Name	Street	City State ____ Zip
												Name	Street	City State ____ Zip

STALL WITH

	TOTAL ENTRY FEES	DO NOT USE THIS SPACE
___ Permanent Stalls	@ \$100.00	
___ Stalls for early arrivals	@ \$15.00	
___ Pre Bed Stalls	@ \$12.00	
___ Grounds Fee (non stabled horses)	@ \$25.00	
___ Office Fee - Per Horse - non refundable	@ \$20.00	
___ Post entries - Per Horse - non refundable	@ \$25.00	
___ Reserve Seats -- 6 Seats	@ \$90.00	
___ Ringside Tables (Limited Number)	@ \$275.00	
___ Bag Shavings	@ \$8.00	
___ Class Sponsor	@ \$	
STALL FEES MUST BE PREPAID	TOTAL AMOUNT DUE	
OPEN CHECK POLIICY WILL PREVAIL	AMOUNT OF CHECK	

MAIL PREMIUM CHECKS TO AND REFUNDS TO

(If you want Premium Checks to go to different owners, you MUST FILL OUT BELOW A SEPARATE ENTRY BLANK FOR EACH OWNER NAME.)

Print Name _____
 Address _____ City _____ State _____ Zip _____
 Tel. No. _____ Email address (for exhibitor letters & correspondence) _____
 Emergency Contact: Name & Phone _____
Will only be used for horse show. Telephone _____

For Office Use Only

**CHECKS TO COVER ALL FEES
MUST ACCOMPANY ENTRIES**

NO INITIAL BEDDING SUPPLIED

**STALLS AVAILABLE FOR
OCCUPANCY
Tuesday, April 11, 2017
10:00AM**

Make checks payable and mail to:
**RALEIGH INVITATIONAL
HORSE SHOW**
 c/o Joyce Wilson
 7934 Old Bunch Rd.
 Zebulon, N.C. 27597

Postal Mark Date _____
 Check# _____
 Receipt # _____
 Amount\$ _____

Will arrive _____

PLEASE FILL OUT BELOW

Hotel _____ -- # of Rooms

Please list hotel and number of rooms above which help our exhibitors get better room rates.

Please READ information on the REVERSE SIDE, fill in the blanks and sign.