



ENTRY NUMBER

## WOODLAND STALLION STATION

## SAHJA HUNTER/JUMPER SHOW

One Horse and Rider/Handler combination per entry form. PRINT LEGIBLY

RIDER NAME				PHONE				EMAIL					
HORSE NAME													
MAILING ADDRESS				CITY				STATE		ZIP			
SAHJA MEMBER YES _____ NO _____				MEMBER #				OWNER					
CLASSES ENTERED				ADDITIONS OR DELETION ALLOWED ONLY WITH AN OPEN CHECK									

**FEE SCHEDULE:**

\$20/ Class

\$40/Specialty Class

\$30/Stall/Horse/Night

\$8/Per Horse Drug Fee

**SHOW FEES:**

# of Classes: \_\_\_\_\_ x \$20 \$ \_\_\_\_\_

# of Specialty Classes: \_\_\_\_\_ x \$40 \$ \_\_\_\_\_

SAHJA Fee \$2 \$ 2.00

CDFA DRUG TESTING FEE \$ \_\_\_\_\_

Stall Fees (call for availability) \$ \_\_\_\_\_

**TOTAL SHOW FEES** \$ \_\_\_\_\_

FOR OFFICE USE ONLY

CLASSES CLASS # \_\_\_\_\_ \$ \_\_\_\_\_ PAID CLASS # \_\_\_\_\_ \$ \_\_\_\_\_ PAID

ADDED CLASS # \_\_\_\_\_ \$ \_\_\_\_\_ PAID CLASS # \_\_\_\_\_ \$ \_\_\_\_\_ PAID

PAYMENT INFORMATION OTHER \_\_\_\_\_ \$ \_\_\_\_\_ OTHER \_\_\_\_\_ \$ \_\_\_\_\_

CHECK NUMBER \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_ ( ) OPEN CHECK