

PRESENTING FERIA DEL CABALLO ESPAÑOL 2011

August 19 – 21, 2011 ENTRIES CLOSE August 6! Industry Hills Expo Center, 16200 Temple Ave., City of Industry, CA

Please type or print CLEARLY. All entries must include copy of Spanish Carta (both sides) or Solicitud de Servicio and Parents' Pedigrees from the Spanish Studbook. See page 10 of the premium for specifics. YOU MUST INCLUDE A COPY OF A CURRENT NEGATIVE COGGINS FOR EACH HORSE. Leaseholders must present papers and lease agreement. If your ownership of the horse is unrecorded in the Spanish Stud Book, please include a copy of the bill of sale). PLEASE COMPLETE BOTH SIDES OF THE ENTRY BLANK. ENTRIES MUST BE RECEIVED BY August 12, 2011 - POST ENTRIES ARE ACCEPTED WITH A PENALTY. ONE OWNER PER PAGE.

	Name of Horse	Reg. #/Codigo	Date of Birth	Sex	Color	Ht	Breeder
	Sire	Dam					Breeder Codigo
Rider/Driver/Handler	Amateur Status	Class Numbers					Entry Fees
Rider/Driver/Handler	Amateur Status						

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NAME OF OWNER _____ Owners Codigo _____ FARM NAME _____
 ADDRESS: _____
 PHONE: _____ Cell: _____ Other: _____ Email: _____
 Name/Address/Contact Info of Trainer/Handler: _____
 IF POSSIBLE PLEASE STABLE ME WITH: _____

<p style="text-align: center;">MAKE CHECKS PAYABLE TO: Feria del Caballo Español or fill out credit card info below and mail with all entry forms to Feria del Caballo Español P.O. Box 2410 La Puente, CA 91746 or fax to (626) 336-0146</p> <p style="text-align: center;">VENDORS for commercial space & tables call (626) 262-6872</p> <p style="text-align: center;">SHAVINGS AND HAY AVAILABLE AT INDUSTRY HILLS EXPO CENTER</p> <p style="text-align: center;">Even if this entry is paid in full, an open check or credit card must be given to the show secretary before exhibitor #s will be issued.</p>		Total Entry Fees Halter	\$ 115.00
		Stalls/Tack **	\$ 150.00 ea
		Inside end stalls an additional	\$ 250.00
		Office Fee per horse	\$ 20.00
		Late Fee/per horse/per class	\$ 30.00
		Grounds Fee if no stall used per horse	\$ 30.00
		Drug Fee	\$10.00/per horse
		Patron/Show/Class Sponsorship	
		TOTAL	\$

OFFICE USE ONLY	Amt. Paid	Check #	CC:	Open Check:	Receipt:
Credit Card: V MC DIS AMEX No. _____ Exp. Date _____ Sec. Code _____					
Name and Address as they appear on CC _____					
Signature: _____		Date: _____		Amount Authorized: _____	