

2017 NJPEA Entry Form

___ Sat ___ Sun
 For Office Use Only
 Payment: ___ Cash ___ Check # ___
 Amt. Paid _____ Amt. Owed _____

Entry Number _____
 ___ Coggins ___ Registration
 ___ PHBA (current)

IF STALLED WITH OR BILLING WITH A FARM ENTER FARM NAME _____

HORSE'S NAME _____	REG. # _____
Year Foaled _____	Sex _____
Owner(s) as on registration papers _____	
Owner(s) PHBA# (required) _____	
Owner(s) Address _____	
Phone # _____	email address _____

PHBA OPEN AND AMATEUR CLASS INFORMATION

OPEN CLASS NUMBERS _____	
AMATEUR CLASS NUMBERS _____	
Exhibitor Name _____	
Address _____	
Phone # _____	email address _____
Exhibitor PHBA Number _____	
	Back Fee \$150.00/\$165.00/\$175.00
	#Classes _____ x \$25
	TOTAL _____

OPEN TO ALL CLASS INFORMATION

OPEN TO ALL CLASS NUMBERS _____	
Exhibitor Name _____	
Address _____	
Phone # _____	email address _____
	#Classes _____ x \$10
	TOTAL _____

PHBA YOUTH CLASSES

CLASS NUMBERS _____	
Exhibitor Name _____	DOB _____
Address _____	
Phone # _____	email address _____
Exhibitor PHBA Number _____	Relationship to Owner _____
	Back Fee \$150.00/\$165.00/\$175.00
	#Classes _____ x \$20
	TOTAL _____

Open to All Classes \$5 per class per day, 1 judge
 PHBA Open and Amateur Entry Fees per class \$25
 PHBA Youth Entry Fees per class \$20
 Show fees: 30+ horses (meeting the back fee) \$150 per horse per day
 25 - 29 horses (meeting the back fee) \$165 per horse per day
 1 - 24 horses (meeting the back fee) \$175 per horse per day

NJPEA and the Dream Park will not be held responsible for any injuries that occur to horses, spectators, vehicles etc. Entry must be signed by exhibitor or if youth 18 and under by parent, guardian or responsible party and shall serve as release of liability.

TOTAL ENTRY FEES _____

NJPEA OFFICE FEE \$18/day/horse _____	TOTAL _____
Jersey Bred Fee \$15 per horse _____	TOTAL _____
PHBA Computer/Drug Fee \$18 per day/horse _____	TOTAL _____
Open to All office fee \$6/day/horse _____	TOTAL _____
STALL FEE \$60 before 5/20 \$80 after 5/20 _____	TOTAL _____
CAMPER FEE \$75 before 5/20 \$95 after 5/20 _____	TOTAL _____
Showing from trailer \$20 per day _____	TOTAL _____

EXHIBITOR SIGNATURE _____

Submit completed form to wunspot@aol.com