



Back #	
Check #	
Amount	

2025 ADHHA Keuring ENTRY FORM

One horse per entry blank • PLEASE PRINT! (Fill out completely)

Owner _____

Address _____

Email _____

Trainer _____

Address _____

Driver/Rider/Handler _____

Address _____

Horse's Name _____ Registration # _____

Sex: _____ Age: _____ Sire: _____

Dam: _____

Class #'s _____

Entry Fee: \$ _____ \$ _____ \$ _____ \$ _____ \$ _____

Total of Entry Fee(s)		
Stalls at \$100 Per Stall		
Bedding at \$10 Per Bag		
Office Fee Per Horse	1	\$30.00
TOTAL		

CC# _____ Exp. _____ Code _____

Zip Code _____ Name _____ Signature _____