



WORLD EQUESTRIAN CENTER – OCALA – CHAMPIONSHIP SHOW

Futurity / Sweepstakes Entry Form

Class Name: _____

HORSE INFORMATION

Horse's Name: _____ AQHA Registration #: _____

Year Foaled: _____ Sex: _____ NSBA COE #: _____

Sire's Name: _____ NRHA Competition License #: _____

EXHIBITOR INFORMATION

Exhibitor's Name: _____

Birthdate: _____ Relationship to Owner: _____

AQHA Card #: _____ Expiration Date: _____

NSBA Card #: _____ Expiration Date: _____

NRHA Card #: _____ Expiration Date: _____

OWNER INFORMATION

Owner's Name: _____

AQHA Card #: _____ Expiration Date: _____

NSBA Card #: _____ Expiration Date: _____

NRHA Card #: _____ Expiration Date: _____

Address: _____ Cell Phone: _____

City/State/Zip: _____ Daytime Phone: _____

Email: _____ Social Security #: _____

AGENT/TRAINER INFORMATION

Agent/Trainer's Name: _____

Address: _____ Cell Phone: _____

City/State/Zip: _____ Daytime Phone: _____

Email: _____ Social Security #: _____

SEND PAYMENT INFORMATION TO - *Make checks payable to Arena Horse Shows of Ocala, LLC.*

World Equestrian Center – Ocala

Attn: Show Entries

7340 N US Hwy 27 – Box 20, Ocala, Florida 34482

A copy of all current cards, horse registration papers and NSBA Certificate of Eligibility should accompany each entry.

ENTRY FORM

Entry Fee

Class # _____	Class Name: _____	\$ _____
Class # _____	Class Name: _____	\$ _____
Class # _____	Class Name: _____	\$ _____
Class # _____	Class Name: _____	\$ _____
Class # _____	Class Name: _____	\$ _____
Class # _____	Class Name: _____	\$ _____
Class # _____	Class Name: _____	\$ _____
Class # _____	Class Name: _____	\$ _____
Class # _____	Class Name: _____	\$ _____
Class # _____	Class Name: _____	\$ _____
Total Entry Fees		\$ _____
NSBA Drug Fee \$7.50/horse		\$ _____
_____ Stalls @ \$350 each =		\$ _____
_____ Tack Stalls @ \$350/each =		\$ _____
TOTAL ENTRY		\$ _____

STALL RESERVATION FORM

Exhibitor's Name: _____

Trainer's Name: _____

Number of Stalls: _____ Number of Tack Stalls: _____ Number of Shavings: _____

Date of Arrival: _____ Date of Departure: _____

CREDIT CARD FORM – Credit cards will be charged a 3% convenience fee.

Check one: <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> American Express <input type="checkbox"/> Discover	Please charge my card for the following payments:
Card Number: _____	<input type="checkbox"/> 1 st Payment on June 1 \$ _____
Expiration Date: _____ 3 or 4 Digit Verification Code: _____	<input type="checkbox"/> 2 nd Payment on Aug 1 \$ _____
Name on Card (print): _____	*Entry fees double if after June 1 st !
Cardholder Signature: _____	
Address: _____	
City/State/Zip: _____	
Email: _____	
Cell Phone: _____ Date: _____	

For Official Use Only

Total Fees	\$ _____
3% Convenience Fee	\$ _____
Amount Charged:	\$ _____