

Limestone Kick off Clinic and Show Sponsored By: Limestone Leaders 4H

February 22nd and 23rd Limestone County Fairgrounds – Groesbeck, TX

Exhibitor Name _____ Email _____ Phone _____

Equine Reg Name _____ Rider Birthdate _____

ASHA Membership # _____ APHA Membership if riding APHA # _____

ASHA Comp License # _____ APHA Registration if riding APHA # _____

Please Circle Division & Classes	Clinic	Open Jckpot \$10	Non Pro	LTD NonPro	Green Horse	Novice	Yth 14-18	Yth 8-13	Short Strrp	Collegiate Open/nonpro Limited NP Novice	2 handed Walk/Trot All ages novice only
Pleasure		\$30	\$20	\$20	\$20	\$20	\$15	\$15	\$15	\$15	\$15
Trail	\$25	\$30	\$20	\$20	\$20	\$20	\$15	\$15	\$15	\$15	\$15
Reining		\$30	\$20	\$20	\$20	\$20	\$15	\$15	\$15	\$15	XXX
Cow Horse		\$30	\$20	\$20	\$20	\$20	\$15	\$15	XXX	\$15	XXX
Cattle Fee	\$30	\$30	\$30	\$30	\$30	\$30	\$30	\$30	XXX	\$30	XXX
Ranch Riding		\$25	\$25	\$25		\$25	\$25	\$25			XXX
Total											

Total Entry Above \$ _____

APHA Classes Number of Classes _____ x \$25 \$ _____

APHA Classes with ASHA Classes Number of Classes _____ x \$5 \$ _____

ASHA Clinic Fee – Per Horse/Rider \$5 \$ _____

ASHA Show Fee – Per Horse/Rider \$5 \$ _____

Office fee for Second Judge \$15 \$ _____

Stalls (Friday to Sunday) Number of Stalls _____ x \$55 \$ _____

Stalls Extra Night \$30 \$ _____

Shavings _____ \$7 \$ _____

RV parking Number of nights _____ x \$20 \$ _____

Check #	Amount \$	Cash \$	TOTAL:

Send ENTRIES & CHECK: Limestone Leaders 4H, 3040 FM 147, Thornton, TX 76687

Reserve STALL and RV Hook Up: Annette McCloskey 254.730.0822 or centraltexasstockhorse@gmail.com

By signing this application, I agree to abide by all of the ASHA Association By-laws, Rules and Regulations and I acknowledge that horseback riding is a sport, which carries inherent risks of injury and damage to myself, others, horses and property. I knowingly assume all risks. I agree that I will not hold Limestone Leaders 4H, ASHA, Facility, Directors, Officers, Employees, Volunteer, Clinicians, or Participants liable for any injury or property damage rising out of or caused by the Clinic or Show. Parent or Guardian signature is required for all Youth memberships. Returned checks - \$35.00 charge.

Exhibitor Signature: _____ Parent/Guardian Signature: _____