



# ASHA Horse Show & Clinic

Clearview Farms, Shelbyville, TN  
 Clinic Saturday, 6/10/17, 10:00 AM  
 Competition Sunday, 6/11/17, 8:00 AM

Exhibitor # \_\_\_\_\_

One entry per horse/rider combination.

Exhibitor's Name: \_\_\_\_\_ ASHA # \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Horse: \_\_\_\_\_ ASHA License # \_\_\_\_\_

I hereby release and hold without blame for liability MTSU, TnSHA, Clearview Farms, ASHA, all clinic instructors, officers, directors, employees, representatives, volunteers or participants in case of any accident(s) incurred to me, my horse, or equipment at the American Stock Horse Clinic and Competition held June 25 & 26, 2016.

Exhibitor's Signature: \_\_\_\_\_ Parent's Signature (if minor) \_\_\_\_\_

Classes	Open <i>*includes jackpot</i>	Non-Pro	Ltd Non-pro	Novice	Green Horse	Youth	Intro*
Pleasure	\$40 _____	\$20 _____	\$20 _____	\$20 _____	\$20 _____	\$15 _____	\$15 _____
Trail	\$40 _____	\$20 _____	\$20 _____	\$20 _____	\$20 _____	\$15 _____	\$15 _____
Reining	\$40 _____	\$20 _____	\$20 _____	\$20 _____	\$20 _____	\$15 _____	\$15 _____
Working Cow <i>*Includes Cattle fee</i>	\$75 _____	\$55 _____	\$55 _____	\$55 _____	\$55 _____	\$50 _____	\$50 _____
<b>ALL 4 classes</b>	\$190 _____	\$110 _____	\$110 _____	\$110 _____	\$110 _____	\$90 _____	\$90 _____
<b>Total Fees</b>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

\*Intro classes: No ASHA memberships needed. Individuals are only allowed to enter into Intro classes 1 time.

**\*\*\*To register, PLEASE email and let us know you are coming and what you would like to participate in\*\*\***  
[Jas2n@hotmail.com](mailto:Jas2n@hotmail.com) or 615-349-6982

Office use only:  
 Check # \_\_\_\_\_  
 Check Amount \$ \_\_\_\_\_  
 Cash Received \$ \_\_\_\_\_

Clinic Fee \$120 \_\_\_\_\_  
 Class Fees (from table) \_\_\_\_\_  
 Late Fee (after 6/20/16) \$20 \_\_\_\_\_  
 Office Charge (horse/rider combo) \$20 \_\_\_\_\_  
 TnSHA Membership (\$10/individual, \$25/family) \_\_\_\_\_  
 ASHA Membership \$25 \_\_\_\_\_  
 ASHA Comp. License \$15 \_\_\_\_\_  
 # Stalls \_\_\_ # of nights \_\_\_ X \$20 \_\_\_\_\_  
 RV hookup/night \_\_\_ X \$35 \_\_\_\_\_  
 Shavings \_\_\_ X \$8 \_\_\_\_\_  
**Total Amount Due** \_\_\_\_\_

**Make checks payable to: TnSHA**