

OWNER			RIDER I			TRAINE		
Owner Name			Rider Name			Trainer Name		
Address			Address			Address		
City	State	ZIP	City	State	ZIP	City	State	ZIP
Social Security # or TIN #			Phone			E-Mail		
Phone			E-Mail			Phone		
E-Mail			E-Mail			E-Mail		
USEF/USHJA#	WSHJA	EC	USEF/USHJA#	WSHJA	Date of Birth	Barn Phone	Cell Phone	
USEF/USHJA#	WSHJA	EC	EC	Age as of 12/1/2025		USEF/USHJA#	WSHJA	EC

Prize money paid to (if other than owner)			RIDER II			CREDIT CARD PAYMENT		
Name			Rider Name			VISA/MC #		
Address			Address			Exp. Date		
City	State	ZIP	USEF/USHJA#	WSHJA #	Date of Birth	CVV	State	ZIP
Social Security # or TIN #			EC			Signature		
			Age as of 12/1/2025			Print Name		

NAME OF HORSE	AGE	COLOR	SEX	HEIGHT	RIDER	DIVISIONS / CLASSES		
USEF #	Measurement #							

<p><b>Exhibitors may enter online by going to <a href="http://www.showgroundslive.com">www.showgroundslive.com</a></b></p>	<b>TOTAL ENTRY FEES FROM ABOVE:</b>	
	Stalls for entire show @ \$285	
	Camper/Trailer water/power/septic, \$250	
	Camper/Trailer water/power, \$200	
	Haul-In Fee, \$50/day per horse	
	Mandatory Schooling Fee, \$50 per horse	
	Shavings & Manure Disposal Fee, \$115 per horse	
	Photography Fee \$50/Horse	
	Non-Showing horse Fee, \$125	
	Office Fee, \$75	
	USEF Drug Fee, \$25	
	USHJA Show Pass Fee, \$30	
USHJA Fee \$5		
Credit Card Convenience Fee, 4%		
<b>TOTAL AMOUNT OWED:</b>		

MANDATORY	OWNER/AGENT	RIDER/HANDLER	TRAINER
	SIGNATURE:	SIGNATURE:	SIGNATURE:
	Print Name:	Is Rider/Handler a U.S. Citizen (please circle):    YES    NO Print Name:	Print Name:
	Parent/Guardian Sig.:	SIGNATURE:	SIGNATURE:
	(Required if Rider/Handler is a minor) Print Name:	Is Rider/Handler a U.S. Citizen (please circle):    YES    NO Print Name:	Print Name:

CHECKS PAYABLE TO: SALISH SHOWJUMPING (US Funds)  
 MAIL TO: MOLLIE GALLAWAY, SHOW SECRETARY (541) 914-0052  
 85687 Pine Grove Rd Eugene, OR 97405

Stable With: \_\_\_\_\_

Arrival Date: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Payment # \_\_\_\_\_ Total Enclosed \$ \_\_\_\_\_