

ENTRY CHANGES

One per Equine

Back # _____ Date _____

Owner's /Leasee Name _____ Member # _____

Horse Name _____ Registration # _____

Name of person making this change: _____ Phone _____

ADD CLASSES *(post entry cost)*

Class # _____ Class Name _____ Exhibitor _____ # _____ \$ _____

NSBA ___ yes ___ no Owner NSBA# _____ Exhibitor NSBA# _____ SSN # if NSBA _____

Class # _____ Class Name _____ Exhibitor _____ # _____ \$ _____

NSBA ___ yes ___ no Owner NSBA# _____ Exhibitor NSBA# _____ SSN # if NSBA _____

Class # _____ Class Name _____ Exhibitor _____ # _____ \$ _____

NSBA ___ yes ___ no Owner NSBA# _____ Exhibitor NSBA# _____ SSN # if NSBA _____

SCRATCH CLASSES (No refunds for Scratches) _____ **May Substitute later***** _____ **No Substitutions**

Class # _____ Class Name _____ Class # _____ Class Name _____

Class # _____ Class Name _____ Class # _____ Class Name _____

Class # _____ Class Name _____ Class # _____ Class Name _____

***Must bring this form with you to do a "Class Change" ADD/SCRATCH for class change price.

EXHIBITOR SUBSTITUTE *(Open classes only)*

Class # _____ New Exhibitor _____ # _____ Class # _____ New Exhibitor _____ # _____

Class # _____ New Exhibitor _____ # _____ Class # _____ New Exhibitor _____ # _____

COLOR COPY OF HORSE REGISTRATION Registration # _____ \$ _____

MISCELLANEOUS _____ \$ _____

Total Amount \$ _____

NAME ON DUE BILL _____ DUE BILL \$ _____

Method of Payment: _____ Cash, Amount \$ _____ Check # _____, Amount \$ _____

Name on check _____

Credit Card Number _____ Expires _____ CVS # _____

Card Holder Name _____ Amount \$ _____

\$ Received by: _____ Changes Entered by: _____ Accounting Entered by: _____