

# 12<sup>TH</sup> ANNUAL EAST COAST SPRING FLING AMHA SHOW

April 15 & 16, 2017

Sen. Bob Martin Eastern Agricultural Center, Williamston, NC

Farm Name: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone &  
Email \_\_\_\_\_

I certify that I am a Youth or Amateur as required by the Rules of AMHA.

1 \_\_\_\_\_ AMHA# \_\_\_\_\_

2 \_\_\_\_\_ AMHA# \_\_\_\_\_

3 \_\_\_\_\_ AMHA# \_\_\_\_\_

4 \_\_\_\_\_ AMHA# \_\_\_\_\_

Youth Must provide Date of Birth – Age group determined by Age on January 1<sup>st</sup> of current year.

I hereby enter miniature horse(s) in the classes below. In entering the horse(s) in participation in such events and in making use of property privileges, I will abide and be bound by all rules and regulations. I hereby hold harmless the show manager, show secretary, show organizers, sponsors or sponsor management from any loss, damage or injury to any person or property resulting from such entry, participation or use of such property or privileges.

Exhibitor Signature: \_\_\_\_\_

Parent or Guardian (for Youth Exhibitor) \_\_\_\_\_

### Must be Signed before Participation

Office Use Entry#	Office Use Height	Registered Name of Horse	Reg. No.	Sex	DOB	Registered Owner

Exhibitor \_\_\_\_\_

Class # (One class number per square)

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Exhibitor \_\_\_\_\_

Class#

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Exhibitor \_\_\_\_\_

Class #

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Exhibitor \_\_\_\_\_

Class#

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Exhibitor \_\_\_\_\_

Class #

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Exhibitor \_\_\_\_\_

Class#

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Exhibitor \_\_\_\_\_

Class #

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Exhibitor \_\_\_\_\_

Class#

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Exhibitor \_\_\_\_\_

Class #

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Exhibitor \_\_\_\_\_

Class#

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This show is approved by and conducted under the rules of the American Miniature Horse Association, Alvarado, TX. All entered horses must be registered with AMHA. Youth/Amateur Exhibitors must provide their Current (2017) AMHA Youth/Amateur number in the space provided on the front of the entry blank.

The following must be enclosed with submitted entries:

1. Copy of each horse's Registration Papers
2. Copy of Current (2017) Youth/Amateur Card
3. Check for monies due. Make checks payable to East Coast Miniature Horse Club (ECMHC).

**ENTRIES POSTMARKED AFTER SATURDAY, MARCH 25, 2017 WILL BE CHARGED A \$5.00 PER CLASS POST-ENTRY FEE.**

ENTRIES ARE TO BE SENT TO: Laura Mullen, 705 Westland Drive, Greensboro, NC 27410. Inquiries can be made at 607-769-6743, by email at [winectry@aol.com](mailto:winectry@aol.com) or on website: [www.winecountryhorseshow.com](http://www.winecountryhorseshow.com).

### COMPLETE THE FOLLOWING

**ENTRIES AND STALLS**

OPEN CLASSES \_\_\_\_\_ @ \$40.00 Per Class \$ \_\_\_\_\_  
*If Postmarked after March 25, 2017* \_\_\_\_\_ @ \$45.00 Per Class \$ \_\_\_\_\_

AMATEUR CLASSES \_\_\_\_\_ @ \$30.00 Per Amateur Class \$ \_\_\_\_\_  
*If Postmarked after March 25, 2017* \_\_\_\_\_ @ \$35.00 Per Amateur Class \$ \_\_\_\_\_

YOUTH & SPECIAL NEEDS CLASSES \_\_\_\_\_ @ \$20.00 per Youth or Special Needs Class \$ \_\_\_\_\_  
*If Postmarked after March 25, 2017* \_\_\_\_\_ @ \$25.00 per Youth Class \$ \_\_\_\_\_

FLAT FEE PER HORSE (Pre-Entry) \_\_\_\_\_ @ \$135.00 per Horse \$ \_\_\_\_\_  
***Limited to 12 Classes and for ECMHC Members Only***  
 FLAT FEE PER HORSE (Post-Entry) \_\_\_\_\_ @ \$155.00 per Horse \$ \_\_\_\_\_  
***Limited to 12 Classes and for ECMHC Members Only***

STALLS \_\_\_\_\_ @ \$55.00 per stall \$ \_\_\_\_\_  
 No More than two horses per stall – Two year and older stallions must be stalled separately

EARLY ARRIVALS/LAYOVERS \_\_\_\_\_ @ \$10.00 per stall \$ \_\_\_\_\_  
 Early arrivals on 4/12 or layovers on 4/16 till Monday

SHAVINGS \_\_\_\_\_ @ \$ 7.50 per bag (please pre-order) \$ \_\_\_\_\_  
**Shavings from outside sources are not allowed on the grounds.**

Please stall with: \_\_\_\_\_

SHOWING OFF THE TRAILER \_\_\_\_\_ @ \$20.00 per horse \$ \_\_\_\_\_

CAMPER HOOKUP \_\_\_\_\_ @ \$30.00 per night \$ \_\_\_\_\_

OFFICE FEE: \_\_\_\_\_ @ \$10.00 per horse \$ \_\_\_\_\_  
*Includes the \$1.00 per horse per judge AMHA fee*

TOTAL \$ \_\_\_\_\_

Make Checks Payable To: East Coast Miniature Horse Club (ECMHC).  
 Mail To: Laura Mullen, 705 Westland Drive, Greensboro, NC 27410.

I plan to arrive (Date and approximate time): \_\_\_\_\_  
 In case of emergency I can be reached at (phone) \_\_\_\_\_ Hotel/Room \_\_\_\_\_  
 Please note any special requests here: \_\_\_\_\_

**WE WELCOME ALL EXHIBITORS WITH SPECIAL NEEDS**