

Class Entry Fees: IBHA & All Breed Classes - \$10
 PeeWee Classes - \$5 Jackpot Classes - \$10

GLBA 2018 ENTRY FORM

(Complete one form per horse / exhibitor combination)

Exhibitor Back #

Blanket Class Entry Fee Per Day: (1 horse/1 exhibitor)

\$70: IBHA YA (Youth) \$70: IBHA Amateur
 \$60: All Breed \$50: IBHA Open
 \$40: IBHA Miniature Horse \$40: Open Mini Horse
 \$30: All Breed Walk/Trot \$50: IBHA W/T 5-11
 \$30 IBHA Amateur Select

Show Dates: [X] for Entry in Date

June 9 | Sept. 1
 June 10 | Sept. 2

Points to be used
 for GLBA year-end
 award nomination(s)?
 Yes No

Send your Entry Form(s) and check made payable to 'GLBA', to Kelly Largent, 29980 Longnecker Rd., Leonidas, MI 49066.

Horse Name: _____ **IBHA Reg. #** _____
(Required for showing in IBHA classes)

Sex of Horse (circle one): S G M **Year Foaled:** _____ **Coggins Date:** _____

Owner Name: _____ **IBHA Member #:** _____
(Required for showing in IBHA classes)

Owner Address: _____

Owner Email: _____ **Phone:** _____

Exhibitor Name: _____ **IBHA Member #** _____
(Required for showing in IBHA classes)

Exhibitor Address: _____

Exhibitor Phone: _____ **Relationship to Horse Owner:** _____

Age: Over 18? Yes No **Date of Birth (if minor):** _____

Class Numbers (circle the number of each class this horse/exhibitor combination is entering)

1	2	3	4	5	6	8	9	10	11	12	13	14	16	17
18	19	20	21	22	24	26	27	28	30	31	34	35	36	37
38	39.a	39.b	40	41	42	43	44	45	46	47	48	49	50	51
52	53.a	53.b	54	55	56	57	58.a	58.b	59	60	61	62	63	64
65	66	67	68	69	70	71	72	73.a	73.b	74	75	76	77	78.a
78.b	79	80	81	82	83	84	85	86	87	88	89	90	91.a	91.b
92	93	94	95	96	97.a	97.b	98	99	100	101	102	103	104	105.a
105.b	106	107	108	109.a	109.b	110	111	112	113	114	115	116	117	

Signature: Exhibitor (if over 18) or
 Parent / Guardian for minor: _____

Current Memberships: IBHA: Yes No GLBA: Yes No (Only needed if showing IBHA and/or nominating for GLBA Year-End Awards)

Classes _____ X \$ _____ = \$ _____ X _____ (number of days) = \$ _____ **Weekend High Point (+\$10):** Yes No

Office Fee \$5 X _____ (number of days) = \$ _____ **Weekend Camping (+\$50):** Yes No

Stalls _____ X \$45 = \$ _____ **Sawdust** _____ X \$6 = \$ _____ The management of this show, GLBA, and/or owners of the show grounds are not responsible for any accidents, theft, or injury to any person or animal on the premises.

TOTAL PAID: \$ _____ **Check #** _____ **Cash** _____