



Great Arabian Get-Together

June 19-20, 2025

Double F Arena – Hinckley, MN

	Horse's Name				Reg. No.		DOB MM/DD/YY	Sex	Color	Sweepstakes Yes No	
	Sire		Dam		Horse USEF ID#		Horse USDF #				
Rider 1	Classes / Sections									TOTAL FEES	
	Entry Fees									\$	
Name				DOB MM/DD/YY		Amateur Certificate Yes No		Rider's Relationship to horse owner(s) for owner classes			
AHA#		USEF/EC#		USDF#				US Citizen: Yes No			
Address				City		State		Zip			
Rider 2	Classes / Sections									TOTAL FEES	
	Entry Fees									\$	
Name				DOB MM/DD/YY		Amateur Certificate Yes No		Rider's Relationship to horse owner(s) for owner classes			
AHA#		USEF/EC#		USDF#				US Citizen: Yes No			
Address				City		State		Zip			
Rider 3	Classes / Sections									TOTAL FEES	
	Entry Fees									\$	
Name				DOB MM/DD/YY		Amateur Certificate Yes No		Rider's Relationship to horse owner(s) for owner classes			
AHA#		USEF/EC#		USDF#				US Citizen: Yes No			
Address				City		State		Zip			

Each person signing this entry form acknowledges that he/she has read the front and reverse of this Entry Form and agrees to the applicable terms, conditions, waivers
Minor entrants must also have parent/guardian signature(s) on the back., releases, indemnification and consent as set forth herein. Each person agrees that the information is accurate to the best of his/her knowledge.

THE FOLLOWING MUST BE SENT WITH YOUR ENTRIES

Photo copies of AHA, USEF/EC, Membership cards for each Rider/Driver/Handler/Coach/Trainer/Owner,
Horses Registration papers & Purchase contract if applicable.

OWNER INFORMATION Owner name as it appears on registration papers/purchase contract

Name _____

If Joint owner check one: ☐ Non Related Co Owner ☐ Related – What is the Relationship? _____

AHA# _____ USEF/EC# _____ USDF# _____

Farm/Ranch _____ USEF Farm ID# _____

Current Address _____ Phone _____

City _____ ST _____ Zip _____

Email _____

TRAINER INFORMATION (must be filled out, if there is no trainer, the person responsible for the horse at the show)

Name _____

AHA# _____ USEF/EC# _____

Address _____ Phone _____

City _____ ST _____ Zip _____

Email _____

ADDITIONAL INFORMATION Camper Plate # _____ Camper make _____

Send Acknowledgement to Owner ☐ Trainer ☐ Both ☐

Email Acknowledgement to (Print) _____

Stable with _____

Total Entry Fees----- \$ _____

Office Fee (per horse) @ \$23 ----- \$ _____

AHA Resolution 9-90 per horse @ \$5.---- \$ _____

AHA Recording Fee per horse @ \$7----- \$ _____

Box Stalls @ \$50 per night----- \$ _____

No initial bedding

Tack Stalls @ \$55/N or \$100/show----- \$ _____

Shavings @ \$12 ----- \$ _____

Member/Single Event Fees:

AHA Single Event Fee @ \$40 per person \$ _____

Other Fees

Camping @ \$ 100/site----- \$ _____

Misc----- \$ _____

Misc----- \$ _____

Misc----- \$ _____

TOTAL FEES DUE----- \$ _____

Office use

Check or CC auth _____

Total _____

Due/Refund _____

Post Mark Date _____

ENTRIES CLOSE – June 8 Make Checks payable to MHAHA

Mail to: Leesa Berhow
N12861 190th St
Boyceville, WI 54725
lrberhowhss@gmail.com

ALL ENTRY FORMS MUST BE PROPERLY SIGNED BACK SIDE