MID STATES	S HORSE SHOV	NS: September 13-17, 202 3	3	PO BOX 549,	, Elkhorn, NE 6	68022			Entries C	lose: August 30, 20	23 11:59 pm (ST
						Horse Detai	ls					
Horse- Show Name						Sex	Age	Ht	Stable with/Barn Ass	sociated with		
Horse-Barn Name (If Applicable)]						
USEF						Color			Estimated Arrival Date and Time			
Prize Recipient Cl						sses			Makes Checks Payable to Mid States or give Credit Card details			
Name Rider 1:									Name on Card			
Address							Number/Type					
Phone number Rider			Rider 2:	der 2:						CSC		Zip
Tax ID	D								Signature			
By entering a Federation-licensed Competition and signing this entry blank as the Owner, Lessee, Trainer, Manager, Agent, Coach, Driver, Rider, Handler, Vaulter or Longeu and on behalf of myself and my principals, representatives, employees and agents, I agree that I am subject to the Bylaws and Rules of The United States Equestrian Federation, Inc. (the "Federation") and the local rules of								All other Other Batter E Lester E Stall Fee Stall Fee Jump O Drug, U USHJA I USEF sh USHJA S Office F Medic F Late En Non-Sh Non sho Jumper Camper	SEF (\$15/\$18) Fee National Outreach Only low pass fee show pass fee ee fee/Schooling Fee try Fee owing Stall Fee w w/ stall and entry Nom. Fee	· ·	\$23.00 \$7.00 \$6e Prizelist e only \$50.00 \$50.00	
OWNER (Name, Address, Phone)			TRAINER (Name, Address, Phone)				RIDER 1 (Nan	ne, Address, Phon	Please include stall and of	fice fees with deposit	TOTAL Due:	
Name: Address:			Name: Address:			Name: Address:				Name: Address:		
												_
		ASPCA	USEF		ASPCA		USEF		ASPCA	USEF	1.	ASPCA
DOB Owner Signat	Age	Status	DOB	Age	Status		DOB	Age	Status	DOB Rider 2 Signatu	Age	Status
			Trainer Signature			Rider 1 Signature Emergency Contact						
Emergency Contact			Emergency Contact				I LINE I BELLLY CO	nitact	Emergency Contact			