2023 Regional Championship Show

Scratch / Substitution Form

Circle One: WESTERN CENTRAL EASTERN

Date: _____

OWNER NAME:

ADDRESS:

CITY, ST, ZIP:

PHONE:

BILLED TO:

*** ALL HORSES LISTED MUST HAVE SAME OWNER ***

APPLIES ONLY TO HORSES PARTICIPATING IN THE SHOW

SCRATCH

TAKE OUT OF CLASS:

CLASS #	BACK #	NAME OF HORSE	REG #	Class Fee

SUBSTITUTE (only for horses that met pre-entry deadline)

ADD IN CLASS:

CLASS #	BACK #	NAME OF HORSE	REG #	Am / Yth #	Handler	Class Fee

Class Fee Adjustment (if any) =

Owner Substitution Fee = 10.00

Total = $

PAYMENT INFO: *(circle one)*

ACH

Card Number:

Expiration Date: CVV:

Cardholder Name:

Address:

City, State, Zip:

Phone #:

Signature:

Check # _____ (payable to AMHA)

Cash _____

(please attach cash or check here)