



ASHA Clinic & Show

Clearview Farms Shelbyville, Tennessee
Clinic Saturday, 6/13/15, 12:00 PM
Competition Sunday, 6/14/15, 8:00 AM

Exhibitor # _____

One entry per horse/rider combination per division.

Exhibitor's Name: _____ ASHA # _____

Phone: _____ email: _____

Address: _____ City _____ State: _____ Zip: _____

Name of Horse: _____ ASHA License # _____

I hereby release and hold without blame for liability, TnSHA, Clearview Farms, ASHA, all clinic instructors, or their officers, directors, employees, representatives, volunteers or participants in case of any accident(s) incurred to me, my horse, or equipment at the American Stock Horse Clinic and Competition held June 13 & 14, 2015.

Exhibitor's Signature: _____ Parent's Signature (if minor) _____

Classes	Open	Ltd Non-Pro	Non-pro	Novice	Green Horse	Youth	IntroYouth <i>One time only, no membership needed</i>	Intro <i>One time only, no membership needed</i>
Only Pleasure	\$30 _____	\$20 _____	\$20 _____	\$20 _____	\$20 _____	\$10 _____	\$10 _____	\$15 _____
Only Trail	\$30 _____	\$20 _____	\$20 _____	\$20 _____	\$20 _____	\$10 _____	\$10 _____	\$15 _____
Only Reining	\$30 _____	\$20 _____	\$20 _____	\$20 _____	\$20 _____	\$10 _____	\$10 _____	\$15 _____
Only Working Cow *Includes Cattle fee	\$70 _____	\$60 _____	\$60 _____	\$60 _____	\$60 _____	\$25 _____	\$25 _____	\$55 _____
ALL 4 classes	\$150 _____	\$110 _____	\$110 _____	\$110 _____	\$110 _____	\$55 _____	\$55 _____	\$90 _____
Total Fees	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Must join or be an ASHA member to participate in clinic
LATE REGISTRATION FEE (after 6/7/15): \$30

*****To register, Please email us and let us know you are coming and what you would like to participate in*****
Holly.Spooner@mtsu.edu or 615-494-8849

Office use only:
Check # _____
Check Amount \$ _____
Cash Received \$ _____

Clinic Fee \$75 _____
Class Fee (from table) _____
Office Charge (horse/rider combo) \$20 _____
TnSHA Membership (\$10/individual, \$25/family) _____
* ASHA Membership \$25 _____
ASHA Comp. License \$15 _____
Stall, # of nights _____ X \$25 _____
RV hookup/night _____ X \$35 _____
Shavings _____ X \$8 _____

Total Amount Due _____

Make checks payable to: TNSHA