



ASHA Clinic & Show

Clearview Farms, Shelbyville Tennessee
Clinic Saturday, 10/3/15, 9:00 AM
Competition Sunday, 10/4/15, 9:00 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 October 3 & 4, 2015.

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

Classes	Open	Ltd Non-Pro	Non-pro	Novice	Green Horse	Youth	Intro <i>One time only, no membership needed</i>
Pleasure	\$30 _____	\$20 _____	\$20 _____	\$20 _____	\$20 _____	\$15 _____	\$15 _____
Trail	\$30 _____	\$20 _____	\$20 _____	\$20 _____	\$20 _____	\$15 _____	\$15 _____
Reining	\$30 _____	\$20 _____	\$20 _____	\$20 _____	\$20 _____	\$15 _____	\$15 _____
Working Cow *Includes Cattle fee	\$65 _____	\$55 _____	\$55 _____	\$55 _____	\$55 _____	\$35 _____	\$50 _____
ALL 4 classes	\$150 _____	\$110 _____	\$110 _____	\$110 _____	\$110 _____	\$70 _____	\$90 _____
Total Fees	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Must join or be an ASHA member to participate in clinic
Pre-registration appreciated
LATE REGISTRATION FEE (after 11/30/15): \$30

*****To register, PLEASE email us and let us know you are coming and what you would like to participate in*****
Jessica.Schultz@MTSU.edu or
615-898-2413

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

- Trail Challenge \$20 _____
- 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