

# The Spectacular-Ranch Horse Show

**ENTRIES DUE: Sept 4th 2024**

|  |  |                                    |   |                                  |   |   |  |                                    |  |                                      |    |  |    |  |    |
|--|--|------------------------------------|---|----------------------------------|---|---|--|------------------------------------|--|--------------------------------------|----|--|----|--|----|
| <b>HORSE INFORMATION</b> as it appears on Registration Papers  |  |                                    |   |                                  |   | <b>Complete one entry form for each horse/rider combination</b>               |  |                                    |  |                                      |    |  |    |  |    |
| Registered Name:   |  |                                    |   |                                  |   | Sex: S M G Foal Yr:   |  |                                    |  |                                      |    |  |    |  |    |
| Registration/WS #  |  |                                    |   |                                  |   | Trainer:  |  |                                    |  |                                      |    |  |    |  |    |
| <b>OWNER INFORMATION</b> as it appears on Registration Papers  |  |                                    |   |                                  |   |   |  |                                    |  |                                      |    |  |    |  |    |
| <b>NAME:</b>   |  |                                    |   |                                  |   | <b>E-MAIL ADDRESS:</b>  |  |                                    |  |                                      |    |  |    |  |    |
| <b>ADDRESS:</b>  |  |                                    |   |                                  |   | <b>CITY, STATE, ZIP:</b>  |  |                                    |  |                                      |    |  |    |  |    |
| <b>PHONE #:</b>  |  |                                    |   |                                  |   | <b>Membership Or GSVRHA #</b>   |  |                                    |  |                                      |    |  |    |  |    |
| <b>EXHIBITOR INFORMATION</b> **Date of Birth (DOB) required for Youth & Select/Silver Exhibitors   |  |                                    |   |                                  |   |   |  |                                    |  |                                      |    |  |    |  |    |
| <b>NAME:</b>   |  |                                    |   |                                  |   | <b>Phone #</b>  |  |                                    |  |                                      |    |  |    |  |    |
| <b>Membership/ GSVRHA #:</b>   |  |                                    |   |                                  |   | <b>DOB:</b>   |  |                                    |  |                                      |    |  |    |  |    |
| <b>Address:</b>  |  |                                    |   |                                  |   |   |  |                                    |  |                                      |    |  |    |  |    |
| <b>City, ST, Zip</b>   |  |                                    |   |                                  |   |   |  |                                    |  |                                      |    |  |    |  |    |
| <input type="checkbox"/> <b>All Around: \$470</b> <input type="checkbox"/> <b>Youth All Around: \$420</b><br><small>*Includes cutting, cow work, ranch- reining, trail, riding per division</small>  |  |                                    |   |                                  |   | <b>Division:</b>  |  |                                    | \$   |                                      |    |  |    |  |    |
| <input type="checkbox"/> <b>Flat Fee Entry (no cattle classes) \$230</b><br><small>*Includes ranch-riding, reining, trail, rail, &amp; pleasure per division</small>   |  |                                    |   |                                  |   | <b>Division:</b>  |  |                                    | \$   |                                      |    |  |    |  |    |
| <b>GSVRHA Sub Division Add Ons:</b><br><i>Circle Selection Please</i>  |  |                                    | <b>Select Rider \$40</b><br><small>(sub division rider 60+)</small> |                                  | <b>Lmtd. Open \$30</b><br><small>(sub division rider)</small> |   | <b>Jr. Horse \$40</b><br><small>(sub division horse 3-5)</small> |                                    | <b>Green Rancher \$0</b><br><small>(sub division rider, novice only)</small> |                                      | \$ |  |    |  |    |
| <b>Individual Classes</b><br><small>*please list class #'s</small>   |  |                                    |   |                                  |   |   |  |                                    |  |                                      | \$ |  |    |  |    |
| <b>Schooling Works</b>   |  | Herd Work \$125<br># OF RUNS _____ |   | Cow Work \$75<br># OF RUNS _____ |   | Ranch Trail \$20<br>No Time Limit _____                                       |  | Ranch Rail \$25<br># OF RUNS _____ |  | Ranch Riding \$25<br># OF RUNS _____ |    | Ranch Reining \$25<br># OF RUNS _____      | \$ |  |    |
| <b>Send Entries via email or mail to Jessica Lawrence at:</b><br>Lawrenceshowmanagement@yahoo.com<br><br>MAIL: Lawrence Show Mgmt.<br>14615 LONE OAK ROAD- RED BLUFF, CA 96080<br><small>*Plan on 4 working days to be delivered by USPS</small><br><br><b>Payments accepted: Cash, Check, Credit Card</b><br><b>Make Checks payable to: LSM</b> |  |                                    |   |                                  |   | <b>Fee Schedule</b>   |  |                                    |  |                                      |    | <b>Association/Drug Fee Total</b>          |    |  | \$ |
|  |  |                                    |   |                                  |   | <b>\$50 GSVRHA/WSVRHA/DRUG</b><br><small>*Required for GSVRHA Members</small> |  |                                    |  |                                      |    | <b>Kathy Torres Session 1 Clinic \$125</b> |    |  | \$ |
|  |  |                                    |   |                                  |   |   |  |                                    |  |                                      |    | <b>Kathy Torres Session 2 Clinic \$175</b> |    |  |    |
|  |  |                                    |   |                                  |   | <b>\$20 WRHA/Drug Fee</b><br><small>*Required for WRHA Members</small>        |  |                                    |  |                                      |    | <b>Vernon Lawrence Ranch Clinic \$175</b>  |    |  | \$ |
|  |  |                                    |   |                                  |   |   |  |                                    |  |                                      |    | <b>Stall &amp; RV Total</b>                |    |  | \$ |
|  |  |                                    |   |                                  |   | <b>\$45 RV Site Per Night</b>   |  |                                    |  |                                      |    | <b>Haul Inn Charge</b>                     |    |  | \$ |
|  |  |                                    |   |                                  |   |   |  |                                    |  |                                      |    | <b>Show Total</b>                          |    |  | \$ |
| <b>\$50 Stall Per Night</b><br><small>-Must purchase 1 bag minimum from RHEC per stall, no outside shavings allowed. To order call 1 (530) 366-6386</small>  |  |                                    |   |                                  |   | <b>Saturday Wine &amp; Cheese Party # of guests</b>                           |  |                                    | #  |                                      |    |  |    |  |    |
|  |  |                                    |   |                                  |   | <b>\$50 ISF Charge for any returned checks</b>                                |  |                                    |  |                                      |    |  |    |  |    |

**CC AUTHORIZATION-**

Card Holder Name: \_\_\_\_\_

Credit Card # \_\_\_\_\_

Billing Address: \_\_\_\_\_

Exp: \_\_\_\_\_ / \_\_\_\_\_ Security # \_\_\_\_\_

City, ST, Zip: \_\_\_\_\_

Authorization Signature: \_\_\_\_\_

Contact Number: \_\_\_\_\_

By signing above, I agree to pay all show fees for this account plus a 4% cc processing fee by conclusion of this event. Charges will appear as SQ-LSM.