Lake Champlain Appaloosa Club Summer Classic 2025 Entry Form All owners and exhibitors participating in ApHC approved shows MUST be ApHC members! Back#Name of Horse: (As appears on Reg. Papers) Registration # Year Foaled: Sex: S  $\mathbf{M}$ (circle one) Owner:\_\_\_\_\_ ApHC#\_\_\_\_ Phone# \_\_\_\_\_ \_\_\_\_\_ Email: \_\_\_\_\_ All exhibitors information needs to be completed. BILL TO: Verification of ApHC Papers: YES NO Verification of Vaccinations: YES NO Verification of Performance/FPD Elgibility if neccesary: YES NO Verification of Current ApHC Membership: YES NO Verification of Novice Youth or Non-Pro Eligbility: YES NO Exhibitor Name: Classes: ApHC#\_\_\_\_\_Phone:\_\_\_\_\_ City:\_\_\_\_\_State:\_\_\_\_ Zip: \_\_\_\_\_ Relation to Owner: \_\_\_\_ Date of Birth: \_\_\_\_\_\_ 13 & Under 14-18 Non Pro (circle one if applicable) Verification of Current ApHC Membership: YES NO Verification of Novice Youth or Non-Pro Eligbility: YES NO Exhibitor Name: Classes: ApHC#\_\_\_\_\_Phone:\_\_\_\_\_ Street:\_\_\_\_\_ Zip: \_\_\_\_\_ Relation to Owner: \_\_\_\_ Date of Birth: \_\_\_\_\_\_ 13 & Under 14-18 Non Pro (circle one if applicable) Verification of Current ApHC Membership: YES NO Verification of Novice Youth or Non-Pro Eligbility: YES NO Exhibitor Name: Classes: ApHC#\_\_\_\_\_Phone:\_\_\_\_\_ Street:\_\_\_\_\_ Zip: \_\_\_\_\_ Relation to Owner: \_\_\_\_

Date of Birth: \_\_\_\_\_\_ 13 & Under 14-18 Non Pro (circle one if applicable)

## Lake Champlain Appaloosa Club Summer Classic 2025 Entry Form

## For Show Information

Donna Sorrell 518.578.0515 LCACAppClub@gmail.com www. **Show Manager** 

www.lcacappclub.com

Michelle Moore 315.323.1492

All ApHC Classes: (If not us	sing blanket fee -\$8/Class/Judge)	\$24 x(	Classes	
Non Pro Option*:*One exhibitor	+ National Point Fees		\$150	
Youth Option*: *One exhibitor	+National Point Fees		\$125	
Open Exhibitor Option*:	+ National Point Fees		\$175	
*One exhibitor showing a maximum 3 horses				
National Point Fees:	Open(\$2/Class/Judge)	\$8 x (	Classes	
	Youth/Non Pro(\$1/Class/Judge)	\$4 x(	Classes	
Office Fee: \$10 per exh	ibitor. There is no fee for leadline	\$10	) x	
Stalls: \$65 for v	veekend paid on or before 7/5/25	\$65 x	_ Stalls	
	880 for weekend paid after 7/5/25	\$80 x	_ Stalls	
	\$15 refunded if stall is cleaned.			
Camper Hookup:	\$70 for weekend		\$70	
Showing Off Trailer:	\$10.00 per horse		\$10	
Late Fee:	After 7/5/25 - \$10 per horse		\$10	
Shavings	\$TBD per bag	\$TBD	x	

Checks made Payable to LCAC

<b>TOTAL</b>	

I herby enter at my own risk and agree to abide by all the rules of the LCAC Ho	rse Show.
further agree to indemnify the LCAC and owners of the property upon which the	ne show is
held, against any claims, demands, or suits and expenses arising out of any in	jury to any
person or damages to any property caused by or to my horse (s), attendants,	or myself.
Presentation of a signed entry form shall be deemed acceptance of these rules	and in the
event of failure to sign the entry form, the first entry into the show ring shall be	deemed as
acceptance of said rules.	

SIGNATURE BELOW INDICATES THE SIGNER HAS READ AND UNDERSTANDS ALL OF THE ABOVE

Owner's, Trainer's, or Parent's Signature

## Mail Entries and <u>Payment</u> to our Show Secretary:

Brianna Gravelle
1775 Lake Shore Road Chazy, NY 12921

ALL MAILED ENTRIES MUST BE POSTMARKED BY JULY 5th, 2025
518-569-0923

LCACAppClub@gmail.com

## **Stall & Shaving Reservations:**

Stall forms should be postmarked and paid by 7/5/25 for reduced stall fee of \$65 per stall. All stalls purchased or reserved after this date are \$85 per stall.

Stall Reservation form must be used to reserve stalls and mailed with payment to Susan Sullivan

PO Box 449, Swanton, VT 05488 (802) 868-5207 jsstables@hotmail.com