

Lake Champlain Appaloosa Club Summer Classic 2024 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 #	Sex:	Year Foaled:
		M G S (circle one)	
Owner: _____ ApHC# _____ Phone# _____			
Street: _____ City: _____ State & Zip: _____			
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 Eligibility if necessary: YES NO

Verification of Current ApHC Membership: YES NO Verification of Novice Youth or Non-Pro Eligibility: YES NO

EXHIBITOR NUMBER 1	Exhibitor Name: _____	Classes:					
	ApHC# _____ Phone: _____						
	Street: _____						
	City: _____ State: _____						
	Zip: _____ Relation to Owner: _____						
	Date of Birth: _____ 13 & Under 14-18 Non Pro <small>(circle one if applicable)</small>						

Verification of Current ApHC Membership: YES NO Verification of Novice Youth or Non-Pro Eligibility: YES NO

EXHIBITOR NUMBER 2	Exhibitor Name: _____	Classes:					
	ApHC# _____ Phone: _____						
	Street: _____						
	City: _____ State: _____						
	Zip: _____ Relation to Owner: _____						
	Date of Birth: _____ 13 & Under 14-18 Non Pro <small>(circle one if applicable)</small>						

Verification of Current ApHC Membership: YES NO Verification of Novice Youth or Non-Pro Eligibility: YES NO

EXHIBITOR NUMBER 3	Exhibitor Name: _____	Classes:					
	ApHC# _____ Phone: _____						
	Street: _____						
	City: _____ State: _____						
	Zip: _____ Relation to Owner: _____						
	Date of Birth: _____ 13 & Under 14-18 Non Pro <small>(circle one if applicable)</small>						

Heath Requirements: Horses stabled within New York State must have a Negative Coggins Test dated 2023 or 2024. Horses stabled outside New York must have a Negative Coggins be within 1 year. Copy of rabies Certificate over 30 days old to be kept on file by LCAC.

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For Show Information

Donna Sorrell 518.578.0515 SorrellD@aol.com www.lcacappclub.com

Show Manager

Michelle Moore 315.323.1492

All ApHC Classes:	(If not using 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	
<i>*One exhibitor showing a maximum 3 horses</i>			
National Point Fees:	Open(\$2/Class/Judge)	\$8 x _____	Classes
	Youth/Non Pro(\$1/Class/Judge)	\$4 x _____	Classes
Exhibitors Fee:		\$5 x _____	
Stalls:	\$65 for weekend paid before 6/21/24	\$65 x _____	Stalls
	\$80 for weekend paid after 6/22/24 \$15 refunded if stall is cleaned.	\$80 x _____	Stalls
Camper Hookup:	\$60 for weekend	\$60	
Showing Off Trailer:	\$10.00 per horse	\$10	
Late Fee:	After 6/21/24 - \$10 per horse	\$10	
Shavings	\$6 per bag	\$6 x _____	

Checks made Payable to LCAC

TOTAL _____

I hereby enter at my own risk and agree to abide by all the rules of the LCAC Horse Show. I further agree to indemnify the LCAC and owners of the property upon which the show is held, against any claims, demands, or suits and expenses arising out of any injury 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 Payment to our Show Secretary:

Brianna Gravelle

1775 Lake Shore Road Chazy, NY 12921

ALL MAILED ENTRIES MUST BE RECEIVED BY JUNE 21st, 2024.

518-569-0923

LCACAppClub@gmail.com

Stall & Shaving Reservations:

Stall forms should be mailed and paid 6/21/24 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