ONE OWNER PER ENTRY BLANK Entries Close April 20, 2026

Enclose copy of registration papers showing proof of current ownership for each entry, plus copy of current UPHA, AHHS, ARHPA, AMHA, and ASHBA membership card(s) as required for divisions/classes entered for each owner, exhibitor, & trainer. All horses must have a negatives Coggins test within the past 12 months and proof of Rhino fall vaccination within 6 months.

Enter Online At HorseShowsOnline.com

F.A.S.H. Inc.
SPRING HORSE SHOW

May 7-10, 2026

Minnesota State Fairgrounds
1784 Judson Ave
St. Paul, MN 55108

OWNER'S NAME_____

	Name of Horse	Age	Color	Sex	Ht.	Reg.#	Rider/Driver Name	Class Fee	Class Fee	Class Fee	Class Fee	Total Fees

	Name of Equitation Rider	City & State	Rider's Age			Reg.#	Class Fee	Class Fee	Class Fee	Class Fee	Total Fees
	Name of Equitation Horse		Age	Color	Sex						
	Name of Equitation Rider	City & State	Rider's Age			Reg. #	Class Fee	Class Fee	Class Fee	Class Fee	Total Fees
	Name of Equitation Horse		Age	Color	Sex						

FOR COMPETITION'S USE:

Ck #_____ Ck Amt._____

DateRec._____ Monies Over_____

EB#_____ Monies Under_____

Make checks payable to:
FASH Inc.

Mail entries to:
Samantha Blome, Show Secretary
5211 Leichester Court
Lincoln, NE 68516
(402) 430-4292
sblome67@aol.com

TOTAL ENTRY FEES ..... $ _____

#_____Shavings @ $12.00/bag ..... _____
#_____Hay @ $14.00/bale ..... _____
#_____Box Stalls @ $180.00 ..... _____
#_____Tack Stalls @ $180.00 ..... _____
#_____Camper Hook-up @ $40.00 per day ..... _____
#_____Office Fee @ $35.00 per horse ..... _____
#_____E.S.C. Fee $15.00 (Mandatory Fee) ..... _____
#_____Reserved Seating @ $220.00 ..... _____
#_____Sponsorship ..... _____
#_____Post/Incomplete @ $25/Entry ..... _____

TOTAL CHARGES ..... $ _____

STABLING/BEDDING RESERVATIONS DUE April 20, 2024
CONTACT STABLE MASTER, LINDSEY LEDO • 13640 49th ST N • Stillwater, MN 55082
Cell: (612) 812-6597 • LINDSEYLEDO@MSN.COM

Stable with: _____

Arrival Date (horses): _____

Emergency Contact (cell):_____

Method of Payment: Check_____ Visa_____ MC_____ Discover_____ AE _____
See Reverse for Credit Card Information

Signatures required on REVERSE side–NO entries will be accepted without required signatures.

CREDIT CARD AUTHORIZATION: A 4% CONVENIENCE FEE WILL BE ADDED FOR ALL TRANSACTIONS

Account #_____ Exp Date_____ Security Code_____ Billing Zip code_____

Name on Card _____ Signature _____

SIGNATURES REQUIRED IN THREE (3) PLACES BELOW

Entries Not Signed Will Not Be Accepted • Carefully Read This Agreement Before Signing!

COMPETITION Release, Assumption of Risk, Waiver and Indemnification

This document waives important legal rights. Read it carefully before signing.

I AGREE in consideration for my participation in this Competition FASH Animal Welfare Initiative Spring Horse Show to the following:

I AGREE that "Competition" as used herein includes the Competition and Competition Management, as well as all of their officials, officers, directors, employees, agents, personnel, volunteers, affiliates.

I AGREE that I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, vaulter, longeur, lessee, owner, agent, coach, trainer, or as parent or guardian of a junior exhibitor. Iam fully aware and acknowledge that horse sports and the Competition involve inherent dangerous risks of accident, loss, and serious bodily injury including broken bones, head injuries, trauma, pain, suffering, or death. ("Harm").

I AGREE to hold harmless and release the Competition from all claims for money damages or otherwise for any Harm to me or my horse and for any Harm of any nature caused by me or my horse to others,even if the Harm arises or results resulted, directly or indirectly, from the negligence of the Competition.

I AGREE to expressly assume all risks of Harm to me or my horse, including Harm resulting from the negligence of the Competition

I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) the Competition and to hold them harmless with respect to claims for Harm to me or my horse, and for claims made by others forany Harm caused by me or my horse while at the Competition. I understand that I am entitled to wear protective equipment without penalty, and I acknowledge that the Competition strongly encourages me to do so while WARNING that no protective equipment can guard against all injuries. If I am a parent or guardian of a junior exhibitor, I consent to the child's participation and AGREE to all of the above provisions and AGREE to assume all of the obligations of this Release on the child's behalf. I represent that I have the requisite training, coaching and abilities to safely compete in this competition.

BY SIGNING BELOW, I AGREE to be bound by all terms and provisions of this entry blank and all terms and provisions of this Prize List. If I am signing and submitting this Agreement electronically, I acknowledgethat my electronic signature shall have the same validity, force and effect as if I affixed my signature by my own hand.

EQUINE SPORTS COUNCIL

EVERY ENTRY AT A SHOW THAT PAYS THE EQUINE SPORTS COUNCIL EXHIBITION FEE AND IS EXHIBITED AND JUDGED ACCORDING TO THE ESC RULES AND GUIDELINES SHALL CONSTITUTE AN AGREEMENT AND AFFIRMATION THAT: (1) THE OWNER, AGENT, LESSEE, TRAINER, MANAGER, COACH, DRIVER AND RIDER AND ANY OF HIS/HER REPRESENTATIVES ARE BOUND BY THE SHOW RULES; (2) THAT EVERY HORSE, RIDER, AND/OR DRIVER IS ELIGIBLE AS ENTERED; (3) THEY AGREE TO ACCEPT AS FINAL THE DECISION OF SHOW MANAGEMENT ON ANY QUESTION ARISING UNDER SAID RULES, AND AGREE TO HOLD THE SHOW, EQUINESPORTS COUNCIL, THEIR OFFICIALS, DIRECTORS, AND EMPLOYEES HARMLESS FOR ANY ACTION TAKEN; (4) THAT THE OWNER, RIDER/DRIVER AND ANY OF THEIR AGENTS OR REPRESENTATIVES AGREE TO HOLD THESHOW, EQUINE SPORTS COUNCIL, AND THEIR OFFICIALS, DIRECTORS, EMPLOYEES AND AGENTS HARMLESS FOR ANY INJURY OR LOSS SUFFERED DURING OR IN CONJUNCTION WITH THE SHOW, WHETHER OR NOT SUCH INJURY OR LOSS RESULTED DIRECTLY OR INDIRECTLY FROM THE NEGLIGENT ACTS OR OMISSIONS OF SAID OFFICIALS, DIRECTORS, EMPLOYEES OR AGENTS OF THE SHOW OR EQUINE SPORTS COUNCIL.

Rider/Driver/Handler/Vaulter/Longeur (mandatory)

Signature:_____

Print Name: _____

Street:_____

City:_____

State/Zip:_____

Telephone:_____

Fax:_____

Email:_____

Rider/Driver/Handler's ASHBA/Morgan#: _____

Owner/Agent (mandatory) Signature

Signature:_____

Print Name: _____

Street:_____

City:_____

State/Zip:_____

Telephone:_____

Fax:_____

Email:_____

Owner's ASHBA/Morgan#: _____

If more than one, attach signed copy of this page.

Trainer (mandatory) Signature

Signature:_____

Print Name: _____

Street:_____

City:_____

State/Zip:_____

Telephone:_____

Fax:_____

Email:_____

Trainer's ASHBA/Morgan#: _____

UPHA #: _____

Coach (if applicable) Signature

Signature:_____

Print Name: _____

Street:_____

City:_____

State/Zip:_____

Telephone:_____

Fax:_____

Email:_____

Coaches ASHBA/Morgan#: _____

UPHA #: _____

Parent/Guardian Signature: (Required if Rider/Driver/Handler/Vaulter/Longeur is a minor) _____

Rider/Driver/Vaulter a U.S. Citizen: __Yes __No

COMPLETE BOTH SIDES OF THIS FORM