

2022 Regional Championship Show

Scratch / Substitution Form

Circle One: WESTERN CENTRAL EASTERN

Date: _____

OWNER NAME: _____
 ADDRESS: _____
 CITY, ST, ZIP: _____
 PHONE: _____

BILLED TO: _____

*** ALL HORSES LISTED MUST HAVE SAME OWNER ***
 APPLIES ONLY TO HORSES PARTICIPATING IN THE SHOW

SCRATCH

TAKE OUT OF CLASS:

CLASS #	BACK #	NAME OF HORSE	REG #	Class Fee

SUBSTITUTE (only for horses that met pre-entry deadline)

ADD IN CLASS:

CLASS #	BACK #	NAME OF HORSE	REG #	Am / Yth #	Handler	Class Fee

Class Fee Adjustment (if any) = _____
 Owner Substitution Fee = 10.00
 Total = \$

PAYMENT INFO: (circle one)	
ACH	
Card Number:	
Expiration Date:	CVV:
Cardholder Name:	
Address:	
City, State, Zip:	
Phone #:	
Signature:	

Check # _____ (payable to AMHA)
 Cash _____
 (please attach cash or check here)