Rosé In May • May 23, 2026

AQHA & PCQHA

MAIL 3801 Hughes Parkway, Paso Robles, CA 93446 • **ENTRIES** office@pasorobleshorsepark.com • **ENTRIES CLOSE** May 5, 2026
STALLS stalls@pasorobleshorsepark.com • **VACCINES** health@pasorobleshorsepark.com

Office Use Only

We strongly recommend completing entries at horsespot.net to take advantage of the digital office benefits.

Horse's Name:	AQHA #:
Breed: Color: Age: Sex: Height:	
Check Horse / Pony Size: [ ] Small [ ] Medium [ ] Large	Microchip #:

Owner's Name:	Email Address:
Address:	Phone: ( )
City: State: Zip:	US Citizen: [ ] Yes [ ] No

Trainer's Name:	AQHA #:
Barn / Farm Name:	Email Address:
Address:	Phone: ( )
City: State: Zip:	US Citizen: [ ] Yes [ ] No

Fees Due With This Entry

Office Fee: $75
CA Drug Fee: $14 per horse

Stalls: $200 x ____= $ ____

Total Enclosed : $ _____

To pay by credit card, please fill out the Credit Card Authorization form, located in this prize list and submit with this entry. Otherwise, include a check payable. Credit card and check payments will be deposited on the entry closing date.

Other Possible Fees Due At The Show

Late Entry Fee **$75**
(if entry is received after closing date)

Rider 1 Name:	AQHA #:	Sections / Classes for Rider 1
Address:	US Citizen: [ ] Yes [ ] No	_____ _____ _____ _____ _____
City: State: Zip:		_____ _____ _____ _____ _____
Birthdate: ___/___/____	Email Address:	_____ _____ _____ _____ _____

Rider 2 Name:	AQHA #:	Sections / Classes for Rider 2
Address:	US Citizen: [ ] Yes [ ] No	_____ _____ _____ _____ _____
City: State: Zip:	USEF Birthdate: ___/___/____	_____ _____ _____ _____ _____
Email Address:		_____ _____ _____ _____ _____

Rider 3 Name:	US Citizen: [ ] Yes [ ] No	Sections / Classes for Rider 1
Email Address:	USEF Birthdate: ___/___/____	_____ _____ _____ _____ _____
		_____ _____ _____ _____ _____

Prize Money Payee:	Email Address:	*Office Use Only*
Address:	SSN or Fed Tax ID #:	*Entry Postmarked* _____ / _____ / _____
City: State: Zip:		*Amount Received: $* _____
Emergency Contact (during the show) - Name:	Phone: ( )	*Check #:* _____ *CC Transaction #:* _____

NOTE: A horse will only fill out ONE entry blank. Horses competing ONLY in AQHA classes will use this entry blank. Horses competing In both AQHA and additional classes must fill out the regular entry form.

FEDERATION ENTRY AGREEMENT

By entering a Federation-licensed Competition and signing this entry blank as the Owner, Lessee, Trainer, Manager, Agent, Coach, Driver, Rider, Handler, Vaulter or Longeur and on behalf of myself and my principals, representatives, employees and agents, I agree that I am subject to the Bylaws and Rules of The United States Equestrian Federation, Inc. (the "Federation") and the local rules of _____ (Competition). I agree to be bound by the Bylaws and Rules of the Federation and of the competition. I will accept as final the decision of the Hearing Committee on any question arising under the Rules, and agree to release and hold harmless the competition, the Federation, their officials, directors and employees for any action taken under the Rules. I represent that I am eligible to enter and/or participate under the Rules, and every horse I am entering is eligible as entered. I also agree that as a condition of and in consideration of acceptance of entry, the Federation and/or the Competition may use or assign photographs, videos, audios, cable - casts, broadcasts, internet, film, new media or other likenesses of me and my horse taken during the course of the competition for the promoti on. coverage or benefit of the competition, sport, or the Federation. Those likenesses shall not be used to advertise a product and they may not be used in such a way as to jeopardize amateur status. I hereby expressly and irrevocably waive and release any rights in connection with such use, including any caim to compensa- tion, invasion of privacy, right of publicity, or to misappropriation. The construction and application of Federation rules are governed by the laws of the State of New York, and any action instituted against the Federation must be filed in New York State. See GR908.4.

BY SIGNING BELOW, I AGREE that I have read, understand, and agree to be bound by all applicable Federation Bylaws, rules, and policies including the USEF Safe Sport Policy and Minor Athlete Abuse Prevention Policies (MAAPP) as published at www.usef.org, as amended from time to time, as well as all terms and provisions of this Prize List. If I am signing and submitting this Agreement electronically, I acknowledge that my electronic signa ture shall have the same validity, force and effect as if I affixed my signature by my own hand.

RIDER/DRIVER/HANDLER/VAULTER/LONGEUR (mandatory)
Signature: _____
Print Name: _____

TRAINER (mandatory)
Signature: _____
Print Name: _____

OWNER/AGENT (mandatory)
Signature: _____
Print Name: _____

COACH (if applicable)
Signature: _____
Print Name: _____

Parent/Guardian Signature: (Required if Rider/Driver/Handler/Vaulter/Longeur is a minor)
_____
Print Parent//Guardian Name: _____
Emergency Contact Phone No. _____
Is Rider/Driver/Vaulter a U.S. Citizen: ___Yes ___ No

ADDITIONAL WAIVER & RELEASE FORMS

Please note that every person on the property must sign have a signed Park Release and a signed USEF Waiver and Release of Liability prior to entering the show grounds. To expedite the entry process, please submit both waivers for all members of your group (parents, grooms, etc.) with this entry form.