



Orange Blossom Express - AMHA
June 21, 2026

Entries due by June 1st

Please Print

Contact Person

Name of Farm

Mailing Address

City State Zip

() _____
Phone #

E-Mail Address

Please Stall with:

If you do not attend the show after sending your entries in you will be responsible for stall fees, office fees, and shavings ordered.

Horses measure 4:00 p.m. – 7:00 p.m. Wednesday and as needed throughout the show.	Fee	x	#	Total
Office Fee – Non-Refundable Per Horse - Per Registry – Per Show	\$ 10.00	X		
AMHA Fee – Non-Refundable Per Horse - Per Registry	\$ 5.00	X		
Youth Classes (MUST be designated Youth Class)	\$ 30.00	X		
Amateur – COOL Classes	\$ 35.00	X		
Adult - Open – Stakes Classes	\$ 40.00	X		
Unlimited classes per horse per registration division – MUST be current OBMHC Member (Membership must be paid before or with Entries) OBMHC Member = Owner of Horse	\$150.00	X		
Stalls – Wednesday – Sunday - This includes 2 bales of shavings (Limit 2 horses per stall)	\$110.00	X		
Stall Fee is paid 1 time for 1 or ALL shows for the week. Please mark what days you're showing.			18 <input type="checkbox"/> 19 & 20 <input type="checkbox"/> 21 <input type="checkbox"/>	
Early Arrival Stalls – Prior to 10:00 a.m. on Wednesday (Limit 2 horses per stall)	\$ 30.00	X		
Showing from trailer – fee per horse	\$ 25.00	X		
Shavings – MUST Pre-order – Non-Refundable (can bring your own)	\$ 8.00	X		
Camping # of Nights		X	\$45.00	
LATE FEE – Per Horse – Entries Received AFTER June 1st	\$ 50.00	X		
Sub Total				
PayPal: Obmhc2019@gmail.com PayPal Fees: Sub Total:		X	1.05	
(MUST complete CC authorization form) Credit Card Fees: Sub Total:		X	1.05	
Make checks to: OBMHC <u>MUST Have a Blank Check or Credit Card on File to get back #'s</u>				
Mail entries to: Lisa Leonard, 2900 Russell Rd. Utica, KY 42376				
Email entries to: MiniCedarsShowManagement@outlook.com				
Facebook Messenger entries to: Lisa Leonard (Confirmation will be sent once entries are received)				
Did you enclose a COPY of the following:		For Office Use Only:		
<input type="checkbox"/>	Registration Paper	Date Received: _____		
<input type="checkbox"/>	Both Sides of Perm. Measurement Card	Amount Enclosed: \$ _____		
<input type="checkbox"/>	Copy of Amateur &/or Youth Cards	Credit Card _____ PayPal _____ Check #: _____		
<input type="checkbox"/>	Entry Form Signed & Completed	Amount Due: \$ _____		



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Must enclose a copy of registration papers, amateur and youth cards and a copy of measurement card if measured in 2026.

Show No. <small>(Office Use)</small>	Name of Horse	Exhibitor Name (s)	Class Number <small>(One class number per box)</small>				Reg. No.	Date of Birth	Sex	Height <small>(Office Use)</small>	Registered Owners Names and City & State
		1)									
		2)									
		1)									
		2)									
		1)									
		2)									
		1)									
		2)									
		1)									
		2)									

Statement of Responsibility and Liability Duplicate as needed.

This form must be signed to participate in the show. This show is approved and conducted under the rules of AMHA and is open only to horses registered with AMHA. I hereby enter these horses in the classes listed above. By entering, I agree to abide by and be bound by all rules and regulations of AMHA, Southeastern Arena, OBMHC. I agree to hold harmless the manager, show staff, AMHA, and sponsors of the show from all liability in case of accident, theft, injuries or loss in any way associated with my participation in this event. My signature is proof that I have read, understand and agree to accept this statement. I certify that I am an Amateur as recognized by the rules of AMHA.

Signature of Amateur

Amateur #: _____

Signature of Amateur

Amateur #: _____

Signature of Youth

Youth #: _____

Youth Birth Date _____

Signature of Youth

Youth _____

Youth Birth Date _____

This form can be turned into the show office when picking up your back numbers.

Orange Blossom Miniature Horse Club, inc

Credit/Debit Card Authorization Form

Please Complete ALL Fields

You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled

Credit Card Information

Card Type: MasterCard Visa Discover AMEX

Cardholder name (as shown on card): _____

Card Number: _____

Expiration Date: _____ CVV: _____

Complete Credit Card Billing Address: _____

I, _____, authorize Orange Blossom Miniature Horse Club to charge my credit/debit card above for all expenses associated with membership and show related fees. I understand my information will be saved to file for future transactions on my account.

Customer Signature

Date