



Area III National Show
 AMHR-ASPC-ASPR
 April 4 – 5, 2026

Entries due by March 20th

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. Friday and as needed throughout the show.	Fee	x	#	Total
Office Fee – Non-Refundable Per Horse - Per Registry – Per Show	\$ 10.00	X		
ASPC/AMHR /ASPC 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 – Friday – Sunday (Limit 2 horses per stall)	\$100.00	X		
Early Arrival Stalls – Prior to 10:00 a.m. on Friday (Limit 2 horses per stall)	\$ 30.00	X		
Shavings – MUST use their Shavings & Pre-order – Non-Refundable	\$ 8.00	X		
Camping # of Nights		X	\$40.00	
LATE FEE – Per Horse – Entries Received AFTER March 20th	\$ 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	
TOTAL DUE:				

Make checks to: OBMHC **MUST Have a Blank Check or Credit Card on File to get back #'s**
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:

- Registration Paper
- Both Sides of Perm. Measurement Card
- Copy of Amateur &/or Youth Cards
- Entry Form Signed & Completed

For Office Use Only:

Date Received: _____
 Amount Enclosed: \$ _____
 Credit Card _____ PayPal _____ Check #: _____
Amount Due: \$ _____



OBMHC Spring Extravaganza ASPC/AMHR/ASPR

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.

I hereby enter miniature horse(s)/pony(s) in the classes above. In entering the horse(s)/pony(s) in participation in such events and in making use of property privileges, I will abide and be bound by all rules and regulations. I hereby hold harmless the show manager, show secretary, show organizers, Florida Equine Center, sponsors or sponsor management from any loss, damage or injury to any person or property resulting from such entry, participation or use of such property or privileges. Youth under 17 must wear helmet while driving. THIS SHALL BE A CONDITION OF ENTRY to this show or show grounds. WARNING ALL PARTICIPANTS agree that the equine activity sponsor and/or equine professional(s) of this event are not liable for injury to or the death of, or a participant in this equine event resulting from the inherent risks of equine activities.

Signature of Owner / Agent / Exhibitor

Signature of Owner / Agen / Exhibitor

Signature of Parent or Legal Guardian

I certify that I am an amateur or youth as recognized by the rules of the AMHR – ASPC – ASPR.

Signature of Amateur & Am. #

Signature of Amatuer & Am. #

Signature of Youth and Youth #

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