



HICHA FALL SPECTACULAR

November 14th & 15th, 2020

SC Ranch Arena: 43-1591 Pohakealani Rd. Paauilo, HI

Start time 9:00am

Friday Nov 6th- All entries due. No late entries.
Scratch after draw, office & cattle fees retained

Horse & Owner Information

| | | | | | | | | |
|-------------------------|--|--------------|--|-------------------|----------|--------------|----------|--|
| Horse's Name: | | | | | Breed: | | | |
| Registration #: | | Year Foaled: | | Sex (circle one): | S | M | G | |
| Owner's Name: | | | | | | | | |
| Owner's Street Address: | | | | | | | | |
| Owner's City: | | | | Owner's State: | | Owner's Zip: | | |
| Contact Number: | | | | E-mail: | | | | |

Rider #1 Information

| | | | | | | | | |
|--|--|--|--|------------------------|--|--------------------|--------------|--|
| Rider Name: | | | | Birthdate (for youth): | | | | |
| Address: | | | | | | | | |
| Cell Number: | | | | E-mail: | | | | |
| Indicate who shall receive payouts for this rider /horse combination (circle one): | | | | | | Horse Owner | Rider | |

Enter Class Numbers & Associated Fees for Show #1 (Saturday)

| | | | | | | | | | |
|-----------|--|--|--|--|--|--|--|--|---------------------------|
| Class #'s | | | | | | | | | Sum of Class Fees (Below) |
| Class Fee | | | | | | | | | \$ |

Enter Class Numbers & Associated Fees for Show #2 (Sunday)

| | | | | | | | | | |
|-----------|--|--|--|--|--|--|--|--|---------------------------|
| Class #'s | | | | | | | | | Sum of Class Fees (Below) |
| Class Fee | | | | | | | | | \$ |

OFFICE WILL CALCULATE FEES

Submit entries to:

Email: hicha808@gmail.com

USPS: HICHA- PO BOX 1222, Kamuela, HI 96743

Payment will be received at the show.

Contact Vanessa Stevens with any additional questions regarding entries 805-245-9210 or hicha808@gmail.com

| | |
|--|-----------------|
| Total Class Fees | \$ |
| Membership Fees: Youth \$0, Single \$35, or Fam \$50 | \$ |
| Office Fee | \$ 25.00 |
| Late Fee (After Deadline) \$30 | \$ |
| Total Entry Fee | \$ |

OFFICE USE ONLY

WAIVER SIGNED _____ W9 SIGNED _____

PAYMENT RECEIVED: CASH OR CHECK CK# _____ AMOUNT _____

