



**Magnolia in the Mountains**  
Tryon Int'l Equestrian Center ~ Mill Spring, NC  
May 27-31, 2026



	Horse's Name				Reg. No.		DOB MM/DD/YY	Sex	Color	
	Sire			Dam			Horse USEF ID#		Horse USDF #	
<b>Rider 1</b>	Class Numbers								TOTAL FEES	
	Entry Fees								\$	
<b>Name</b>				DOB MM/DD/YY		Amateur Certificate Yes No		Rider's Relationship to horse owner(s) for owner classes		
AHA/AL/IF/QH#			USEF#			USDF#			WDAA#	
Address				City			State		Zip	
<b>Rider 2</b>	Classes / Sections								TOTAL FEES	
	Entry Fees								\$	
<b>Name</b>				DOB MM/DD/YY		Amateur Certificate Yes No		Rider's Relationship to horse owner(s) for owner classes		
AHA/AL/IF/QH#			USEF#			USDF#			WDAA#	
Address				City			State		Zip	
<b>Rider 3</b>	Classes / Sections								TOTAL FEES	
	Entry Fees								\$	
<b>Name</b>				DOB MM/DD/YY		Amateur Certificate Yes No		Rider's Relationship to horse owner(s) for owner classes		
AHA/AL/IF/QH#			USEF#			USDF#			WDAA#	
Address				City			State		Zip	

Each person signing this entry form acknowledges that he/she has read the front and reverse of this Entry Form and agrees to the applicable terms, conditions, waivers. Minor entrants must also have parent/guardian signature(s) on the back., releases, indemnification and consent as set forth herein. Each person agrees that the information is accurate to the best of his/her knowledge.

**THE FOLLOWING MUST BE SENT WITH YOUR ENTRIES**  
Copies of AHA, USEF, Membership cards for each Rider/Driver/Handler/Coach/Trainer/Owner,  
Horses Registration Papers & Current Required Health Documents.

**OWNER INFORMATION** Owner name as it appears on registration papers/purchase contract

Name \_\_\_\_\_

If Joint owner check one:  Non Related Co Owner  Related – What is the Relationship? \_\_\_\_\_

AHA/IALHA/IFSHA# \_\_\_\_\_ USEF# \_\_\_\_\_

USDF# \_\_\_\_\_ WDAA# \_\_\_\_\_ AQHA# \_\_\_\_\_

Current Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

**TRAINER INFORMATION** (must be filled out, if there is no trainer, the person responsible for the horse at the show)

Name \_\_\_\_\_

AHA/IALHA/IFSHA# \_\_\_\_\_ USEF# \_\_\_\_\_

USDF# \_\_\_\_\_ WDAA# \_\_\_\_\_ AQHA# \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

**ADDITIONAL INFORMATION**

Send Acknowledgement to  Owner  Trainer  Both

Email Acknowledgement to (Print) \_\_\_\_\_

Stable with \_\_\_\_\_

**Total Entry Fees** ----- \$ \_\_\_\_\_

1 Horse Stall (Tue-Sun w/mats & fans) ----- \$ 150.00

1 USEF Fee ----- \$ 26.50

1 Office Fee ----- \$ 30.00

1 EMT Fee ----- \$ 20.00

Tack Stalls (Tue-Sun) @ \$175 ----- \$ \_\_\_\_\_

Shavings @ \$10 (no outside bedding) ----- \$ \_\_\_\_\_

**Other Fees**

Post Entry Fee \$40 (at show) ----- \$ \_\_\_\_\_

Post Entry Fee \$30 (after 5/13 online) ----- \$ \_\_\_\_\_

GVHS Drug Fee @ \$20 ----- \$ \_\_\_\_\_

GVHS Concurrent Judges Fee @ \$25 ----- \$ \_\_\_\_\_

Green Fee (not entering online) \$10 ----- \$ \_\_\_\_\_

**TOTAL FEES DUE** ----- \$ \_\_\_\_\_

**Office use** \_\_\_\_\_

Check or CC auth \_\_\_\_\_

Total \_\_\_\_\_

Due/Refund \_\_\_\_\_

Post Mark Date \_\_\_\_\_

**ENTRIES CLOSE – May 13, 2026**  
Make Checks payable to MAHA, Inc.  
Mail to: Lindsey Hager  
3188 NW 66<sup>th</sup> Blvd., Jennings, FL 32053  
\*\*Online Entries available on RingRadar.com\*\*

**ALL ENTRY FORMS MUST BE PROPERLY SIGNED BACK SIDE**