

BRIDLESPUR HORSE SHOW

April 9-11, 2026

Entries must be postmarked by March 20, 2026

One Owner Per Entry Blank

MAIL ENTRIES TO:

Kelly McFaul

206 S Lark Ln

Wichita, KS 67209

316-650-2287 | fax: 316-462-0883

kellymcf@aol.com

OFFICE USE	NAME OF HORSE	REG #	YR FOALED	SEX	BREED	HEIGHT	COLOR	
	RIDER/DRIVER/HANDLER		CLASS	CLASS	CLASS	CLASS	CLASS	ENTRY FEES
			FEE	FEE	FEE	FEE	FEE	\$
OFFICE USE	NAME OF HORSE	REG #	YR FOALED	SEX	BREED	HEIGHT	COLOR	
	RIDER/DRIVER/HANDLER		CLASS	CLASS	CLASS	CLASS	CLASS	ENTRY FEES
			FEE	FEE	FEE	FEE	FEE	\$

OFFICE USE	NAME OF HORSE	REG #	YR FOALED	SEX	BREED	HEIGHT	COLOR	
	RIDER/DRIVER/HANDLER		CLASS	CLASS	CLASS	CLASS	CLASS	ENTRY FEES
			FEE	FEE	FEE	FEE	FEE	\$
OFFICE USE	NAME OF HORSE	REG #	YR FOALED	SEX	BREED	HEIGHT	COLOR	
	RIDER/DRIVER/HANDLER		CLASS	CLASS	CLASS	CLASS	CLASS	ENTRY FEES
			FEE	FEE	FEE	FEE	FEE	\$

I hereby enter the above horses and riders at my own risk and subject to the rules and regulations of the Show. I further agree that if any damage is occasioned or loss occurs to the horses exhibited, to any vehicle or other articles which I may send with said horses, I will make no claim therefore against the BRIDLESPUR Horse Show or any participating organizations.

OWNER (as appears on registration papers)

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____

EMAIL _____

TRAINER

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

USEF # _____ PHONE _____

EMAIL _____

RIDER 1 _____

ADDRESS _____

CITY/STATE/ZIP _____

UPHA _____ AHHS _____ AMHA _____

RIDER 2 _____

ADDRESS _____

CITY/STATE/ZIP _____

UPHA _____ AHHS _____ AMHA _____

Total Class Fees

Horse Stalls @ \$175 _____

Tack Stalls @ \$175 _____

Early Arrival @ \$50 per stall _____

One-Day Stall @ \$90 _____

Office Fee @ \$30 per horse _____

Box Seats (6) @ \$200 _____

Shavings @ \$13 (minimum 2) _____

NO OUTSIDE BEDDING ALLOWED

Post Entry Fee @ \$25 per horse _____

Sponsorships _____

TOTAL FEES _____

PAYMENT METHOD

Check

Credit Card

Acct # _____

Exp _____ Sec Code _____

Name on Card _____

Signature _____

ALL CREDIT CARDS WILL BE CHARGED A 4% CONVENIENCE FEE

Stable With/Arrival Date

Emergency Contact #