

**THE PONY EXPRESS HORSE SHOW CIRCUIT, INC. 2017 NOMINATION FORM**

I wish to nominate the following horse(s) in order that it (they) will be eligible for Pony Express Horse Show Circuit Awards. <b>If a change is made the Point Recorder must be notified immediately. Copies of Amateur Cards and Registration Papers must accompany this form where applicable.</b>	<b>Riders &amp; Owners must be a PEHSC member in order to nominate.</b> <b>Riders showing nominated horses must be members in order for point to count for Year End Awards.</b> <b>Must show in the nominated class at a minimum of 2 qualifying PEHSC shows.</b> <b>No Refunds.</b>
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<b>PLEASE PRINT OR TYPE YOUR INFORMATION</b>									
NAME OF HORSE OR EQUITATION RIDER	SEX	HEIGHT	AGE	BREED	BREED REG. #	DIVISION	CLASS	NOMINATION FEE \$5/Horse/Equitation Rider/Per Class	LATE FEE \$10/Horse/Equitation Rider Per Class
<b>Points will count at a show as long as nomination form and money are given to a PEHSC Executive Committee member prior to the first class entering the arena, they will date and time stamp the forms and give them to the Point Recorder.</b> <b>***NEW FOR 2016- If you would like to late nominate and make your points retroactive to the beginning, this must be turned in to the Point Recorder by the 3rd show of the season per the posted PEHSC schedule. If the 3rd show has a rain date, then the next show in line becomes the 3rd show. Fee to late nominate is \$5/Class PLUS \$10/Class Late Fee. SHOW MANAGEMENT WILL NOT BE RESPONSIBLE FOR NOMINATIONS.***</b>									
<b>TOTAL</b>									
<b>Grand Total</b>									

**Name of Exhibitor:** \_\_\_\_\_

**Juvenile Rider's Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Make Checks Payable to:**           **PEHSC (NO CASH PLEASE)**

**Return to:** Susan Breau  
 12708 E Brockview Ln  
 Peculiar, MO 64078  
 816-547-8737 /email sabreau@gmail.com

**Stable Affiliation:** \_\_\_\_\_

**Name of Owner:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City, State & Zip:** \_\_\_\_\_

**Phone No:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Date:** \_\_\_\_\_