

The American Saddlebred Horse Association of Michigan Presents
The Crystal Horse Show
September 19-20, 2025
Shiawassee County Fair Grounds
Corunna Michigan



Entries Close: September 06, 2025
Make checks payable to: **ASHAM**
Mail Entries to:
Alexis Fenger – C/O ASHAM
4515 Merwin Rd. Lapeer, MI. 48446

One Owner per Entry Blank

Indicate Rider Number in () for each class

Leave Blank	Horse Name	Class# Rider ()	Class# Rider ()	Class# Rider ()	Class# Rider ()
	Color: Age: Sex:	Entry Fee:	Entry Fee:	Entry Fee:	Entry Fee:
	Breed	Rider 1:			
	Registration Number	Rider 2:			

Leave Blank	Horse Name	Class# Rider ()	Class# Rider ()	Class# Rider ()	Class# Rider ()
	Color: Age: Sex:	Entry Fee:	Entry Fee:	Entry Fee:	Entry Fee:
	Breed	Rider 1:			
	Registration Number	Rider 2:			

Leave Blank	Horse Name	Class# Rider ()	Class# Rider ()	Class# Rider ()	Class# Rider ()
	Color: Age: Sex:	Entry Fee:	Entry Fee:	Entry Fee:	Entry Fee:
	Breed	Rider 1:			
	Registration Number	Rider 2:			

Show Secretary: Patti Schooley

I hereby make the above entries at my own risk and will hold ASHAM, Shiawassee County Fair Grounds, their boards, members and employees collectively and individually, blameless in the event of loss, accident, or injury.	
Owner Information	Trainer Information
Name:	Name:
Signature:	Signature:
I declare I am an Amateur Yes No	I declare I am an Amateur Yes No
Address:	Address:
City:	City:
State: Zip:	State: Zip:
	Birthdate:
Rider Information #1	Rider Information #2
Name:	Name:
Signature:	Signature:
I declare I am an Amateur Yes No	I declare I am an Amateur Yes No
Address:	Address:
City:	City:
State: Zip:	State: Zip:
Birthdate:	Birthdate:

Total Entry Fees from Above	\$
Office fee @ - \$20.00 per Horse	\$
Late Entry Fees - \$5.00 per Horse	\$
Classes - \$18.00	\$
Academy Classes - \$20.00	\$
Specialty Classes & Championship Classes - \$25.00	\$
Stall @ - \$65.00	\$
Shavings @ - \$9.00 per Bag (<i>payable to: ASHAM</i>)	\$
Camping: _____ days @ \$20/Night Primitive	\$
Camping: _____ days @ \$35/Night 30amp	\$
Camping: _____ days @ \$45/Night 50amp	\$
Credit Card Fee 3.5%	\$
<i>Note: Returned Check Fee \$60</i>	
Grand Total	\$
Make Checks Payable to ASHAM	
Check # _____ Visa _____ Mastercard _____	
Card # _____	
Exp. Date _____ CVV _____ Billing Zip _____	
Signature: _____	