

“Autumn at Ashland” Breeders Show

Sunday, September 28th, 2025

Name of Owner: _____ CHSA# _____
 Phone #: _____ Email: _____ OEF or Ins. Policy # _____
 Handler/Rider: _____ Handler/Rider OEF#: _____
 Horses Name: _____, Sex: _____, Age: _____, Reg./ID#: _____
 Sire: _____ Sire of Dam: _____ Breeder: _____

Class #	Class Description	Fee

Admin Fee: _____ \$30.00
 HST #808388961-RT0001 13%: _____
 Sub-total: _____
 Credit Card convenience fee (if applicable) - 3%: _____
TOTAL FEES DUE: _____

Closing date: Wed. Sept. 24th with full payment. Entry fees are \$35+HST per class. If you would like to pay with Visa/MC, please complete the Credit Card Authorization Form and email along with the entry form to ashlandfarm@gmail.com. If your horse is for sale, please indicate this with an asterisk beside the horse's name, this will be put in the show program and announced during your classes. The owners/organizers/staff or volunteers of the “Autumn at Ashland” Breeders Show, Canadian Sport Horse Assoc., Ontario Sport Horse Assoc., will not be held responsible for any accident, loss, death or injury to persons, horses or property of exhibitors while attending the show.”

I hereby give permission to the CSHA to use my name, horse ownership details and/or a photo of myself and/or my horse in conjunction with a CSHA event being reported in the CSHA newsletter, and in articles or reports of activities used in radio, newspapers, CSHA website, or other media which may be utilized by the CSHA for publicity or communications purposes”. Cross out this entire paragraph if you do not wish to give permission.

Date: _____ Signature of Owner/Agent: _____ Handler/Rider: _____
(PARENT MUST SIGN IN CASE OF JUNIOR) (PARENT MUST SIGN IN CASE OF JUNIOR)

Please use one entry form per Horse.

PLEASE INCLUDE:

CSHA Registration papers, proof of 2025 OEF membership and current coggins & vaccinations including Flu/Rhino



Ashland Farm Tack & Feed
PO Box 91028, RPO Signature CTR
Kanata, On, K0A 1B0

CREDIT CARD PAYMENT
AUTHORIZATION FORM

Due to increased credit card misuse & fraud, we have been advised to obtain card holders' signature on all credit card payment.

PLEASE SIGN, SCAN AND EMAIL BACK

Name as shown on credit card: _____

VISA ☐

MC ☐

Credit Card Number: _____

Expiry Date: _____

CVS Code: _____

Credit Card Billing Address: _____

I authorise Ashland Farm Tack & Feed to charge the above noted credit card for items purchased.

Card holder's signature

Email address

Phone - (613) 257-2184, Email - ashlandfarm@gmail.com