

# Summer Solstice Soiree

## Springfield, OH June 13, 14 & 15, 2025 Entries close May 27, 2025

**Horse information – Photocopy of Registration papers as REQUIRED for Friesian, ASB, DHH with your entry**

Registered Name of Horse	Reg. No.	DOB MM/DD/YY	Sex	Breed
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**Rider 1 /Class Information Photocopy of all membership cards REQUIRED for Friesian, ASB , DHH with your entry. s.**

Class#	#	#	#	#	#	#	#	#	#	TOTAL FEES
Class fees	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Rider 1				DOB MM/DD/YY		Amateur Certificate Yes No				
Membership #			#			#				
Address			City			State			Zip	

**Rider 2 /Class Information Photocopy of all membership cards REQUIRED for Friesian, ASB , DHH with your entry.**

Class#	#	#	#	#	#	#	#	#	#	TOTAL FEES
Class fees	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Rider 2				DOB MM/DD/YY		Amateur Certificate Yes No				
Membership #			#			#				
Address			City			State			Zip	

**Rider3 /Class Information Photocopy of all membership cards REQUIRED for Friesian, ASB, DHH with your entry.**

Class#	#	#	#	#	#	#	#	#	#	TOTAL FEES
Class fees	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Rider 3				DOB MM/DD/YY		Amateur Certificate Yes No				
Membership #			#			#				
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 ALL OWNERS, TRAINERS, RIDERS, DRIVERS & HANDLERS MUST SIGN ON THE BACK. 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.

**OWNER INFORMATION As it appears on registration papers**

Name \_\_\_\_\_ Membership # \_\_\_\_\_  
 Farm/Ranch \_\_\_\_\_ Phone# \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Email Acknowledgement to: \_\_\_\_\_

Stable with, if Possible: \_\_\_\_\_

**Payment Information:**

\_\_\_\_\_ Check or Money Order in US Funds (Payable to Summer Solstice Soiree)  
 \_\_\_\_\_ Please Charge my Credit Card: Name on Card \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ CVC: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Signature \_\_\_\_\_ PHONE: \_\_\_\_\_

Vendor/Weekend \$100	\$ _____
Office Fee	\$25.00
Post Entry Fee \$35 (per horse)	\$ _____
Stall/Weekend \$75	\$ _____
Late Stall \$100	\$ _____
Early Arrival \$35 (per stall, per day)	\$ _____
Shavings per bag \$9	\$ _____
Late Entry per Horse \$35	\$ _____
Camping \$50 per night	_____
Grounds Fee \$25(No Stall) per horse/per day	\$ _____
Overnight trailer tieout prohibited!	
Other _____	\$ _____
Other _____	\$ _____
<b>TOTAL \$</b>	_____

**ENTRIES must be postmarked by May 27, 2025 Make Checks payable to Summer Solstice Soiree, LLC. Send Entries to: Donna Auber 12550 St. Rt. 44 Mantua Ohio 44255**

**Credit Card Fee - 4% DO NOT EMAIL ENTRIES.**