

On time entries must be postmarked by Sept 1, 2026

Office Use: _____

Horse Name: _____ Reg # _____

Circle Breed Regular ABRA or Buckskin Breed **Sex:** _____ **Year Foaled:** _____

Owner: _____ Owner ID: _____

Address:	Expiration Date
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Phone: _____ **Email:** _____

ABRA membership only required for those showing an ABRA or Buckskin Bred class.

A	Exhibitor A		
	Exhibitor Name: _____	DOB: _____	Relationship _____
	ABRA #: _____ Exp _____	Type of exhibitor : Youth Amateur Open	
	Address: _____ City State Zip _____		Phone: _____
	City State Zip _____	Phone: _____	Email: _____

B	Exhibitor B			
	Exhibitor Name: _____		DOB: _____	Relationship _____
	ABRA #: _____	Exp _____	Type of exhibitor : Youth	Amateur Open
	Address: _____		City State Zip _____	Phone: _____
	City State Zip _____	Phone: _____	Email: _____	

C	Exhibitor C		
	Exhibitor Name: _____	DOB: _____	Relationship _____
	ABRA #: _____	Exp _____	Type of exhibitor : Youth Amateur Open
	Address: _____		City State Zip _____ Phone: _____
	City State Zip _____	Phone: _____	Email: _____

[illegible]

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Show Fees: Checks payable to **BHAM** or pay by credit/debit card 4% handling

All American Buckskin Congress Fees

		# Classes	Total
ABRA Classes	\$45 per class by Sept 1, 2026 \$60 per class after Sept 1, 2026		
All Breed Classes	\$45 per class by Sept 1, 2026 \$60 per class after Sept 1, 2026		
Sweepstakes Classes	\$60 per class by Sept 1, 2026 \$80 per class after Sept 1, 2026		
Office/Drug one per horse	\$60 per horse by Sept 1, 2026 \$70 per horse after Sept 1, 2026		
	Total Due		

If paying by check: make payable to BHAM

If paying by credit/debit card, there will be a 4% handling fee.

Name on card: _____

Card Number _____ Exp Date _____

CVC (3 or 4 digits) _____ Billing Zip Code _____

On time entries must be postmarked by August 25, 2025. Mail entries to:

BHAM
% Diane Gage
1000 E 117th St N
Sedgwick, KS 67135