

# 2026 Heartland Classic Peruvian Horse Show Entry Form

**Mail Entry Form and Checks**

To: Ann Marie Stewart  
PO Box 720512  
Pinon Hills, CA 92372

**\*Pay with CC**

(3% fee) to  
Ann Marie  
Stewart

760 515 0669

**Show Program**

Deadline  
May 1, 2026

Ranch name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Horse Name:	Reg number:	Age:	Sex:	FEES:
Rider/Handler:	Class #			
Horse Name:	Reg number:	Age:	Sex:	FEES:
Rider/Handler:	Class #			
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Rider/Handler:	Class #			
Horse Name:	Reg number:	Age:	Sex:	FEES:
Rider/Handler:	Class #			

ADDITIONAL SPACES, RETURNING CHAMPIONS AND RANCH CONJUNTO ON BACK

Horse Name:	Reg number:	Age:	Sex:	FEES:
Rider/Handler:	Class #			

Horse Name:	Reg number:	Age:	Sex:	FEES:
Rider/Handler:	Class #			

Horse Name:	Reg number:	Age:	Sex:	FEES:
Rider/Handler:	Class #			

Horse Name:	Reg number:	Age:	Sex:	FEES:
Rider/Handler:	Class #			

Horse Name:	Reg number:	Age:	Sex:	FEES:
Rider/Handler:	Class #			

Horse Name:	Reg number:	Age:	Sex:	FEES:
Rider/Handler:	Class #			

Ranch Conjunto - Class 48		Age:	Sex:	FEES:
Rider	Horse #			
Rider	Horse #			
Rider	Horse #			

RETURNING CHAMPION/NATL CHAMPION	Reg number:	Age:	Sex:	FEES:
Rider/Handler:	Class #			
CdPPH__ National ____ CSPH C __				

RETURNING CHAMPION/NATL CHAMPION	Reg number:	Age:	Sex:	FEES:
Rider/Handler:	Class #			
CdPPH__ National ____ CSPHC __				

RETURNING CHAMPION/NATL CHAMPION	Reg number:	Age:	Sex:	FEES:
Rider/Handler:	Class #			
CdPPH__ National ____ CSPHC __				

**I WISH TO STALL WITH** \_\_\_\_\_

For early arrival, contact the Barn Manager - *Mike Moszer* about your early arrival 612-787-8864.

**Arrival Date & Time:** \_\_\_\_\_

**Departure Date & Time:** \_\_\_\_\_

**FOR EACH HORSE ENTERED:** Provide registration papers, health certificate and negative Coggins.

**Release of Liability:**

This entry form constitutes an agreement that the person making it and the horse/s entered shall be subject to all rules and regulations of the NAPHA, CdPPHS, CSPHC and Stormont-Vail Event Center. The undersigned agrees to hold NAPHA, CdPPHS, CSPHC and Stormont-Vail Event Center and their officials, directors and employees harmless for any action taken. The undersigned certifies that every horse, rider &/or handler is eligible as entered & agrees for himself & his/her representatives to be bound by the By Laws & Rules for the NAPHA, CdPPHS & CSPHC & the rules & regulations as stated in the CdPPHS, CSPHC show premium. The undersigned certifies that he or she is the owner or duly authorized agent for the owner of each horse listed herein. It is further certified that the undersigned has read & is familiar with the show premium list published in connection with this show, the NAPHA Show Rules, Peruvian Breed Standards & Official Rules & Regulations of showing the Peruvian Horse & agrees to be bound by all of the rules & conditions, including but not limited to those which discuss liability, risk, damage, injury, responsibility and indemnity.

**I HEREBY ACKNOWLEDGE THAT I HAVE NO CONFLICT OF INTEREST WITH THE JUDGES OF THIS SHOW**

**SIGNATURE OF OWNER/AGENT:** \_\_\_\_\_

(By signing, I acknowledge that I have read, understand and accept the above statement.)

Name of Owner (please print): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**The following must be completed if the exhibitor is a minor:** I hereby consent to the entry of my child:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ & Birth Date: \_\_\_\_\_ (as of January 1 of current year) in this horse show and certify that I have read the foregoing representations and statements and that the same may be deemed a part hereof and hereby accept responsibility thereunder for the participation of said minor.

Signature of Parent/Guardian: \_\_\_\_\_

(By signing, I acknowledge that I have read, understand, and accept the above statement)

**DEADLINE DATE FOR SHOW ENTRIES: MAY 15, 2026. MAIL OR E-MAIL ENTRIES TO: PO Box 720512 Pinon Hills, CA 92372 Phone 760 515 0669 E-mail: showsecretary2025@gmail.com**

**PAYMENT OPTIONS**

\_\_\_ Check made payable to: Caballo de Paso Peruvian Horse Show

\_\_\_ Bank Online Bill Pay to Show Secretary Address Above

\_\_\_ Zelle: caballodepasoshow@outlook.com

\_\_\_ Credit Card (will incur an additional 3% charge to reduce bank transaction fee) -Call Show Secretary