

Exhibitor Entry Sheet

5/5/2024 Horse-A-Rama No Silver-No Sequins Open Horse Show

Exhibitor # _____

Check here if this is a "permanent" back number _____

Separate Exhibitor Number for EACH Horse/Rider Combination

(Please Print Clearly)

Exhibitor
Name: _____

Date of
Birth: _____

Address: _____ Phone: _____

City/State/Zip: _____ Email: _____

Horse Name: _____ Year of Birth: _____ Breed/
Reg #: _____

Horse
Owner: _____

Coggins Serial # _____ On File: ☐ Coggins Date: _____ Premise ID # _____

I enter the above horse at my own risk, and am subject to the rules under which these classes will be conducted. I agree that in case of loss or injury involving either horse or participant, I will make no claim whatsoever, either against the sponsoring organization, its officers, members, or any other individuals connected with it, as well as the owners of this show grounds from any damages done by me or my horse at this show.

Exhibitor Signature

Parent or Guardian Signature (if under 18 years old)

*** * * See Show Bill for complete rules. * * ***

☐ 01 HALTER/SHOWMANSHIP CLINIC

☐ 16 WESTERN RIDING CLINIC

☐ 02 Halter, BEGINNER, all ages

☐ 17 Western Pleasure, Walk/Jog, BEGINNER, RESTRICTED

☐ 03 Halter, Stock Horse Type

☐ 18 Western Pleasure, Walk/Jog, OPEN

☐ 04 Halter, English Type

☐ 19 Western Pleasure, Walk/Jog/Lope, BEGINNER

☐ 05 Showmanship, BEGINNER, all ages

☐ 20 Western Pleasure, Walk/Jog/Lope, OPEN

☐ 06 Showmanship, Exhibitor 17&Under

☐ 21 Western Horsemanship, Walk/Jog/Lope, BEGINNER

☐ 07 Showmanship, Exhibitor 18&Over

☐ 22 Western Horsemanship, Walk/Jog/Lope, OPEN

☐ 08 Lead Line-Rider 9&Under

☐ 09 ENGLISH RIDING CLINIC

☐ 10 English Pleasure, Walk/Trot, BEGINNER, RESTRICTED

☐ 11 English Pleasure, Walk/Trot, OPEN

☐ 12 English Pleasure, Walk/Trot/Canter, BEGINNER

☐ 13 English Pleasure, Walk/Trot/Canter, OPEN

☐ 14 English Equitation, Walk/Trot/Canter, BEGINNER

☐ 15 English Equitation, Walk/Trot/Canter, OPEN

Number of Open Classes Entered _____

x \$5 = _____

Miscellaneous Charges:

☒ OF Office Fee

\$5.00

☐ SF Stall Rental(s)-\$25/night ☐ OS Overnight-Additional \$10/night

☐ Stall Cleaning Deposit Collected? Check # _____

☐ CA Camping-\$20 per night

☐ CF Copy Fee(s)

x \$1 = _____

TOTAL: _____

OFFICE USE ONLY

Office Staff Initials _____ ☐ Cash ☐ Check ☐ Tab Check Number _____ Name on Check _____