

The Paul Field Springfield Charity Horse Show Sept. 22 - 24, 2017

Entries close Sept. 12, 2017
Post Entries Accepted

Mail to: **Evette Moody, Entry Secretary**
6168 Quinella Way
Dayton, OH 45459

Ck# _____
Amt. _____
Payee _____

One owner per entry blank – Make checks payable to: **Springfield Charity Horse Show**
Entry blank may be copied. **Back of form must be signed!**
PLEASE PRINT ON TYPE (All information must be completed)

Owner _____ ASSN# _____
(as shown on registration papers) (ASHA/ARHPHA/AHHS/UPHA)

Address _____ City/State/Zip _____

E-mail _____ Phone# _____ Cell# _____

Trainer _____ ASSN# _____
(ASHA/ARHPHA/AHHS/UPHA)

Address _____ City/State/Zip _____

E-mail _____ Phone# _____ Cell# _____

Rider #1 _____ ASSN# _____
(ASHA/ARHPHA/AHHS/UPHA)

Address _____ City/State/Zip _____

Rider #2 _____ ASSN# _____
(ASHA/ARHPHA/AHHS/UPHA)

Address _____ City/State/Zip _____

Back #	Horse Name				Registration #
Color	Sex	Age	Height		
Class#					Total Entry Fees
Entry Fee \$					
Rider					
Back #	Horse Name				Registration #
Color	Sex	Age	Height		
Class#					Total Entry Fees
Entry Fee \$					
Rider					

TOTAL ENTRY FEES (from above)	\$ _____
STALLS @ \$80.00	\$ _____
GROUNDS FEE (no stall) @ \$30.00/horse	\$ _____
OFFICE FEE/HORSE	\$ 8 _____
SPONSORSHIPS (classes: \$100, championships: \$150)	\$ _____
TOTAL PAYMENT	\$ _____

PLEASE READ BEFORE SIGNING!

I hereby certify that every horse and/or rider is eligible as entered. I make these entries at my own risk and am subject to the rules of the Springfield Charity Horse Show. I agree for myself and my representatives to be bound thereby. Under Ohio Law, an Equine Activity Sponsor or Equine Professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risk of equine activities. I further agree to release the Springfield Charity Horse Show, its agents, employees, and/or landholder of all liabilities or responsibilities in case of accident, loss, or injury in any way connected with the horse show, and agree to indemnify and hold harmless the Springfield Charity Horse Show in the event of any such liability to any owner, leasee, trainer, agent, employee, rider, driver, or any other person representing the same in case of accident, loss, or injury in any way connected with the horse show. **My signature on this form indicates that I have read and understand this disclaimer. I am authorized on behalf of the owner(s) and exhibitor(s) whose entries are listed on this form.**

BY SIGNING BELOW, I AGREE to be bound by all applicable state laws and all terms and provisions of this entry blank.

Rider/Driver/Handler/Exhibitor (mandatory)

Signature: _____ Print Name: _____

Rider/Driver/Handler/Exhibitor (mandatory)

Signature: _____ Print Name: _____

Rider/Driver/Handler/Exhibitor (mandatory)

Signature: _____ Print Name: _____

Owner/Agent (mandatory)

Signature: _____ Print Name: _____

Trainer/Coach (mandatory)

Signature: _____ Print Name: _____

*Parent/Guardian Signature: _____

(Required if Rider/Driver/Handler/Participant is a minor)

Print Parent/Guardian Name: _____

Emergency Contact Phone No. _____