

# DAYTON HORSE SHOW

## JULY 31-AUGUST 3, 2024

Entries close July 17, 2024 Post Entries Accepted

Mail to: **Dayton Horse Show, Entry Secretary**  
**P.O. Box 959-WBB**  
**Dayton, OH 45409-0959**

Ck# _____
Amt. _____
Payee _____

**One owner per entry blank** – Make checks payable to: **Dayton 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/AHHS/UPHA/ADHHA/OTHER)

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Phone# \_\_\_\_\_ Cell# \_\_\_\_\_

Trainer \_\_\_\_\_ ASSN# \_\_\_\_\_  
(ASHA/AHHS/UPHA/ADHHA/OTHER)

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Phone# \_\_\_\_\_ Cell# \_\_\_\_\_

Rider #1 \_\_\_\_\_ Age \_\_\_\_\_ ASSN# \_\_\_\_\_  
(ASHA/AHHS/UPHA/ADHHA/OTHER)

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Rider #2 \_\_\_\_\_ Age \_\_\_\_\_ ASSN# \_\_\_\_\_  
(ASHA/AHHS/UPHA/ADHHA/OTHER)

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

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

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

<b>TOTAL ENTRY FEES</b> (from above)	\$ _____
HORSE/TACK STALLS @ \$125.00 or GROUNDS FEE (no stall) @ \$35.00/horse/day	\$ _____
EXTRA TACK STALLS (over 1 stall/3 horses) @ \$150.00	\$ _____
NON SHOWING HORSE (not entered in classes) @ \$50.00	\$ _____
OFFICE FEE @ \$20/horse/rider w/ back ##	\$ _____
EARLY ARRIVAL/LATE DEPARTURE @ \$45/horse/day	\$ _____
POST ENTRY FEE (after July 17, 2024) @ \$20/horse	\$ _____
CAMPER FEE @ \$45.00/NIGHT	\$ _____
SPONSORSHIPS	\$ _____
Other Fees	\$ _____
<b>TOTAL PAYMENT</b>	\$ _____

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 Dayton 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 Dayton Horse Show, Dayton Horse Show Association, and the Champions Center, 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 Dayton Horse Show in the event of any such liability to any owner, lessee, 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. \_\_\_\_\_