

Show of Champions

Izard County Fairground

Date _____

Fill out one sheet for each horse ridden. If more than one person is riding the horse, please include the class and name of all riders in the blanks provided. If the same person is riding one horse in more than one class, please include all class numbers and names in the blanks provided.

Horse's Name _____ Registration # _____

Name of Owner _____ Trainer's Name _____

Address of Owner _____ Address of Trainer _____

Classes Men's Gaited; Ladies' Gaited; Heavy Shod Gaited; Light Shod Gaited

Class	Name of Ridder	Fee (\$35)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Entry Fee _____

I hereby certify that every horse is eligible as entered and sound, and I agree to Abide by the Rules of the National Horse Show Commission (NHSC) and S.H.O.W. All decisions by these organizations will be final. Exhibitor, trainer, or agent must sign the entry sheet. If not signed, the first entrance into the arena/ring as an exhibitor shall be construed as acceptance of this and all other NHSC and S.H.O.W. rules. The NHSC, S.H.O.W. or this show assumes no liability for injury to horse, exhibitors or spectators; or for loss or damage to property or for any accident or theft occurring at this show.

Signature of owner/trainer/exhibitor _____

