SCRHA Show Registration Form

<u>ALL</u> information must be completed before entry is accepted

Rider must be a current SCRHA Member to receive member entry fee discount

Class	Fee								
	\$		\$		\$		\$		\$
	\$		\$		\$		\$		\$

*MUST have COMPLETE address

Entry Total: \$	SCRHA Member Y N	*you may	mark "SAME" on any addresses or names that are duplicated					
Horse Information	Rider Information: Back Number:		Owner Information					
Name:	Name:		Name:					
Farm/Stable								
Address:	Address:		Address:					
City:	City:		City:					
State: Zip:	State: Zip:		State: Zip:					
Authorizing Agent (person paying entry fee) Trainer Information: The owner/rider/agent agrees to abide by all of the real and regulations set forth by SCRHA and agrees that all the real and regulations set forth by SCRHA and agrees that all the real and regulations set forth by SCRHA and agrees that all the real and regulations set forth by SCRHA and agrees that all the real and regulations set forth by SCRHA and agrees that all the real and regulations set forth by SCRHA and agrees that all the real and regulations set forth by SCRHA and agrees that all the real and regulations set forth by SCRHA and agrees that all the real and regulations set forth by SCRHA and agrees that all the real and regulations set forth by SCRHA and agrees that all the real and regulations set forth by SCRHA and agrees that all the real and regulations set forth by SCRHA and agrees that all the real and regulations set forth by SCRHA and agrees that all the real and regulations set forth by SCRHA and agrees that all the real and regulations are all the real and								
Name:	Name:		and all horses within his/her care shall be free from infection, contagious or transmittable disease, and is					
Address:	Address:							
City:	City:		companied by a current negative Coggins test. SCRHA					
State: Zip:	State: Zip:		reserves the right to refuse any horse that is not					
proper health or is deemed dangerous or undesirable. There are intrinsic danger associated with equine activitic. Therefore I release the Scott County Horse Park and Caminjury or death caused by my participation in a sponsore property nor injury or loss to horses exhibited. **The Scoprotective headgear while riding. Signature:	es and that participation in equine activities can causing appround, the Scott County Regional Horse Association dor sanctioned equine activity or event. The Park and ott County Regional Horse Association and affiliates s	rough <i>3.0-7</i> e injury or d on, its memb d the Associa	eath and hereby enter this event at my own risk. pers, employees and volunteers from any liability for ation are not responsible for neither stolen or damaged					
Juvenile:YesNo Signature of parer	nt/guardian:							