



NUMBER _____



Autumn Grove Stables

11026 Sinepuxent Road Berlin, MD 21811

Kristie 410-430-9072 * Katie 443-235-0257

Fax: 410-641-0723

Email: autumngrovestables@yahoo.com

AGS JUST FOR JUMPERS!!!

Rider Name: _____

Horse/Pony: _____

	<u>Class #</u>		
Level 4 High Jumpers 3'+	1	2	3
Level 3 Low Jumpers 2'6	4	5	6
Level 2 Little Jumpers 2'	7	8	9
Level 1 Puddle Jumpers X	10	11	12

**** Riders may cross enter into 2 divisions on the same horse or pony ****

I, or parent/guardian (if rider is under 18), understand that I and/or my child ride at our own risk. I will not hold Autumn Grove Stables, its owners or its agents responsible for injury or damage to myself, child, horse, guests, friends, family and/or personal property. By signing below, I give permission for my minor child to participate in this Horse Show.

Signature: _____ *Date:* _____

Each Pony/Rider Combination GROUNDS FEE \$15

Classes: \$15 x _____ = _____

Stalls: (\$35 Overnight/\$20 Day). _____ = _____

TOTAL: _____

Payment: CASH/CHECK # _____ /CREDIT CARD