

**EQUINE VENTURE UNLIMITED II
ENTRY FORM**

June 1 - 2, 2019

One Horse per form!!

Mail Entries to:
EQUINE VENTURE UNLIMITED
LENARD DAVENPORT
231 S. JAMES RIVER LANDING
NIXA, MO.65714-8900

Office Use Only
Account _____
Group/Trainer _____
EIA _____

Registered Name of Horse

Registration Number

Sex

Year Foaled

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Class Number Entered (one class per box). Circle A, B, C or D below each Box to indicate the Handler/Driver for that class.

A B C D	A B C D	A B C D	A B C D	A B C D	A B C D	A B C D	A B C D	A B C D	A B C D	A B C D	A B C D	A B C D	A B C D	A B C D

Please DO NOT USE STABLE OR FARM NAME for "Handler" – must use current member name

Youth
 Handler/Driver Name "A" _____ Age _____ Amateur/Junior # _____
 Signature of parent/Guardian if Junior Exhibitor _____

Youth
 Handler/Driver Name "B" _____ Age _____ Amateur/Junior # _____
 Signature of parent/Guardian if Junior Exhibitor _____

Youth
 Handler/Driver Name "C" _____ Age _____ Amateur/Junior # _____
 Signature of parent/Guardian if Junior Exhibitor _____

Youth
 Handler/Driver Name "D" _____ Age _____ Amateur/Junior # _____
 Signature of parent/Guardian if Junior Exhibitor _____

Owner Name _____	Email _____
Address _____	City _____ State _____ Zip _____
Telephone _____	
Signature _____	

Visa/Mastercard/Discover ONLY

Credit Card # _____ - _____ - _____ Exp. date ____ - ____ Security Code (____)

_____ Open/Amateur Classes: @\$35.00 \$ _____
_____ Youth Classes @\$25.00 \$ _____
_____ Flat Fee Classes-PerHorse @\$100.00 \$ _____
<u>One animal for pre-entered classes only</u>
<u>Limited to (10) Classes/pre – entered!!!!!!</u>
_____ Stall Fee (10X10) @\$50.00 \$ _____
_____ Tie Out Fee \$8.00 per Day \$ _____
<u>Fri. Noon to Sunday Evening. Two animal max per stall.</u>
_____ Bags of Shavings @\$9.00 \$ _____
<u>Must order from Longhorn Arena and pay in Advance.</u>
_____ Office Fee: Per Pony @\$10.00 \$ _____
_____ RV/Trailer Hook-up @\$20.00 \$ _____
Per day for water & electric.
4% convenience Fee for Credit Card Payment \$ _____
Total Enclosed \$ _____
<u>Make Checks Payable To: Equine Ventures Unlimited</u>
Office Use Only Check # _____ Amount \$ _____
Name _____ Date: _____
Additional Payments \$ _____

**STATEMENT OF RESPONSIBILITY
AND LIABILITY**

The show is approved by ASPC/AMHR and its management team will not be responsible for accidents that may occur to, or be caused by, any equine exhibited at the show or for any article of any kind or nature that may be lost or destroyed. Each exhibitor will be responsible for any injury that may be occasioned to any person or animal, or damage to any property while on the show grounds by any horse owned, exhibited or in his custody or control and shall indemnify and hold harmless the **A.S.P.C., Equine Ventures Unlimited LLC, and Longhorn Arena** and its management team, its directors individually and collectively, from and against all claims, demands, cause of action, costs, charges, and expense of every kind and nature arising out of or which may be incurred by reason of any accident, injury, or damages to person or property caused by the ownership, exhibition, custody or control of animals exhibited. Presentation of signed entry blanks shall be deemed acceptance of these rules and in the event of failure to sign the entry blank, the first entry into the show ring as an exhibitor shall be deemed to be the acceptance of rules.

(THREE SIGNATURE REQUIRED)

OWNER _____ **Date** _____

TRAINER _____ **Date** _____

RIDER/DRIVER/HANDLER _____ **Date** _____

Parent or Guardian must sign for Youth

Rider/Driver/Handler (NAME) _____ Date _____

Parent or Guardian (SIGNATURE) _____ Date _____

Rider/Driver/Handler- NAME _____ Date _____

Parent or Guardian- SIGNATURE _____ Date _____