

OFFICE USE ONLY:

**** ONE RIDER PER ENTRY FORM PLEASE ****

**BETHANY HORSE SHOW
Bethany, CT
SUNDAY JUNE 3, 2018**

NOTE: Any completed and signed entries received AFTER 6:00 pm Friday, June 1, will be charged an additional \$20.00 post entry fee for the show.

MAIL OR FAX ENTRIES TO:

Mary Chesley
626 Goose Lane, Coventry, CT 06238
Fax: 860-742-5766 PH: 203-317-0249
mary.eml.ct@att.net

(Please print clearly)

Name of Rider _____

Age _____

Name of Horse _____

Pony Size: (circle one) Lg Med Sm

CHJA Membership # _____

if walk, trot, jog pls. indicate which seat

Class Numbers

(H)unt, (W)estern, (S)addle

No. of Classes _____ x \$25.00 per REGULAR class Total: \$ _____

No. of Classes _____ x \$30.00 per STAKE or SPECIAL Total: \$ _____

Warm-up _____

Office Fee **20.00**

Post-Entry Fee _____

\$20 after 6 PM 6/ 6/1

Credits/Winnings _____

BALANCE DUE \$ _____

All entered for competition shall be under the control of the Committee and subject to the constitution and rules of the Associations and the local rules of the competition. Should any dispute or question arise, it shall be referred to the Show Committee, whose decision shall be final. I, THE UNDERSIGNED, agree that I choose to participate voluntarily in the competition with my horse, as a rider, driver, handler, lessee, owner, agent, coach, trainer, or as parent or guardian of a junior exhibitor, and am fully aware and acknowledge that horse sports and the competition involve inherent dangerous risks of accident, loss and serious bodily injury including broken bones, head injuries, trauma, pain suffering or death. I agree to indemnify (that is, to pay any losses, damages or costs incurred by) the competition, the show management, Bethany Lion's Club, Sleeping Giant Pony Club, CHSA, CHJA, AHCC, CMHA, the Town of Bethany, and to hold them harmless with respect to claims for harm to me or my horse and from any harm caused by me or my horse to others, at the competition. If I am a parent, guardian or trainer of a junior exhibitor, I consent to the child's participation and agree to all the above provisions and agree to assume all of the obligations of this release on the child's behalf.

OFFICE USE ONLY:

OWNER

x _____
Signature (Parent or Guardian if under 18)

Printed Name

Street

City, State, Zip

Phone

RIDER

x _____
Signature (Parent or Guardian if under 18)

Printed Name

Street

City, State, Zip

Phone

TRAINER

x _____
Signature

Printed Name

Street

City, State, Zip

Phone