



City View Equestrian, LLC Jumper Show Entry Form

Office Use Only:

Back # _____

Reg # _____

Rider Name: _____

Rider email: _____

Rider Phone Number: _____

Horse Name (as you would like it announced): _____

Rabies Date: _____ Coggins Date: _____ Rhino/Flu Date: _____

Horse Owner Name: _____

Trainer Name: _____

Trainer Email: _____

Trainer Phone Number: _____

ALL riders (or parent/guardian of minor) must read and sign Participant's Release of Liability.

Signed Release, payment, and copies of current Proof of Rabies and negative Coggins test
must be provided before back numbers will be assigned.

Participant's Release of Liability:

Horse sports involve inherent dangers and risk of harm to participants, both equine and human. I agree to hold harmless City View Equestrian, LLC, McCormack Properties, LLC, and all members and associates for any injuries resulting from participation in this event. By signing below, I acknowledge I have read, understand, and agree with this release of liability.

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If Rider is a MINOR (less than 18 years old):

Parent/Guardian (PRINT name) _____

Parent/Guardian Signature: _____

Date signed _____

.....

I certify that I am at least 18 years of age Rider

☐

(PRINT name) _____

Rider's Signature _____

Date signed _____

| Rider #1) Mark all classes to be entered: | | |
|---|------|---------------|
| | (1) | .60m Jumper 1 |
| | (2) | .60m Jumper 2 |
| | (3) | .70m Jumper 1 |
| | (4) | .70m Jumper 2 |
| | (5) | .80m Jumper 1 |
| | (6) | .80m Jumper 2 |
| | (7) | .90m Jumper 1 |
| | (8) | .90m Jumper 2 |
| | (9) | 1.0m Jumper 1 |
| | (10) | 1.0m Jumper 2 |

| Trainer rides) Mark all classes to be entered: | | |
|--|------|---------------|
| | (1) | .60m Jumper 1 |
| | (2) | .60m Jumper 2 |
| | (3) | .70m Jumper 1 |
| | (4) | .70m Jumper 2 |
| | (5) | .80m Jumper 1 |
| | (6) | .80m Jumper 2 |
| | (7) | .90m Jumper 1 |
| | (8) | .90m Jumper 2 |
| | (9) | 1.0m Jumper 1 |
| | (10) | 1.0m Jumper 2 |

| | | |
|---|--|------|
| | Classes Entered (\$15/class) | |
| | Ticketed Warm Up Trips (\$10/trip) | |
| 1 | EMT Fee (per rider/horse) | \$15 |
| 1 | Office/Insurance Fee (per rider/horse) | \$15 |
| | FOOD TICKETS \$1 each | |
| | Discounts (Office use only) | |
| | Total: | |

If paying with Venmo, fill out the section below and send payment to @cityviewseries **before** leaving the show:
Please put your back number, full name, and horse's name in the Venmo memo.

Venmo Email or Handle: _____.

Stalls and shavings must be paid for in advance and are non-refundable unless show management cancels.
Stalls are first come, first paid. Reservations will not be counted until paid in full.

Stalls are \$50 each (unbedded) and shavings are \$7 per bale