

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 announce	ed):
Rabies Date:	Coggins Date:
Horse Owner Name:	
Trainer Phone Number:	
ALL riders (or parent/guardian o	of minor) must read and sign Participant's Release of Liability.
•	d copies of current Proof of Rabies and negative Coggins test vided before back numbers will be assigned.
hold harmless City View Equestrian, LLi for any injuries resulting from participation understand, and agree with this release	•
If Rider is a MINOR (less than 18 years o	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	

Mark a	all classes	s to be entered:
Cross F	Rails Jum	per
	(1)	Cross-rails Jumper 1 (CRJ1)
	(2)	Cross-rails Jumper 2 (CRJ2)
	(3)	Cross-rails Gambler's Choice (CRGC)
2' Jum	per	
	(4)	2' Jumper 1 (2J1)
	(5)	2' Jumper 2 (2J2)
	(6)	2' Gambler's Choice (2JGC)
2'3" Ju	ımper	
	(7)	2'3" Jumper 1 (23J1)
	(8)	2'3" Jumper 2 (23J2)
	(9)	2'3" Gambler's Choice (23GC)
2'6" Ju	ımper	
	(10)	2'6" Jumper 1 (26J1)
	(11)	2'6" Jumper 2 (26J2)
	(12)	2'6" Gambler's Choice (26GC)
2'9" Ju	ımper	
	(13)	2'9" Jumper 1 (29J1)
	(14)	2'9" Jumper 2 (29J2)
	(15)	2'9" Gambler's Choice (29GC)
3' Jum	per	
	(16)	3' Jumper 1 (3J1)
	(17)	3' Jumper 2 (3J2)
	(18)	3' Gambler's Choice (3GC)
3'3" Ju	mper	
	(19)	3'3" Jumper 1 (33J1)
	(20)	3'3" Jumper 2 (33J2)
	(21)	3'3" Gambler's Choice (33GC)
Puissa	nce – Mu	st have 3 or more riders to run
	(22)	*Puissance (to start at 2'6") (PUI)

	FOOD TICKETS \$1 each	
1	Office/Insurance Fee (per rider/horse)	\$15
1	EMT Fee (per rider/horse)	\$10
	Bedding (\$7/bag)	
	Stall (\$50 ea.)	
	Ticketed Warm Up Trips (\$10/trip)	
	Classes Entered (\$15/class)	