

City View Equestrian, LLC Hunter Show Entry Form

| Office Use Only: | |
|------------------|--|
| Back # | |
| Reg # | |

| Rider email: | | | | | | | | | | | |
|------------------|-----------------|--|---------------------|---|--|-----------------------------------|--------------|-------------------|---------|--|--|
| Rider Phone Nu | mber: | | | | | | | | | | |
| Horse Name (as | you would lik | ke it anno | ounced): | | | | | | | | |
| Rabies Date: | | Coggins Date: | | | | | | Rhino/Flu Date: | | | |
| Horse Owner Na | ame: | | | | | | | | | | |
| Trainer Name: _ | | | | | | | | | | | |
| Trainer Email: | | | | | | | | | | | |
| Trainer Phone N | | | | | | | | | | | |
| Please write the | correspondin | ıg class ı | numbers in th | ne boxes – T | icketed warm | ups can b | e purchased | d in the final se | ection | | |
| Rider #1 Class | Entries: | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Trainer Class E | intrioo. | | | | | | | | | | |
| Trailler Class E | inities. | | | | T | | | | | | |
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| | | | | | | | 1 | | • | | |
| | must fill out a | n entry f | orm in full an | d pay for EM | T, office and o | grounds fe | e. Number | must be worn | while r | | |
| s not competing | | Classes Entered (\$15/class if pre-entered or \$20/class same day entry) | | | | | | | | | |
| s not competing | | | | | | v) | | | | | |
| s not competing | | | | \$20/class s | ame day entr Trips (\$10/tri | p) | | | | | |
| s not competing | | | | \$20/class s ed Warm Up | ame day entr Trips (\$10/tri Stall (\$50 ea | p) i.) | | _ | | | |
| s not competing | 1 | | Tickete | \$20/class s ed Warm Up Be EMT Fee (p | ame day entr Trips (\$10/tri Stall (\$50 ea edding (\$7/ba er rider/horse | p) i.) g) e) | \$10 | | | | |
| s not competing | 1 1 | | Tickete Office/Inst | \$20/class s ed Warm Up Be EMT Fee (p urance Fee (p | ame day entr Trips (\$10/tri Stall (\$50 ea edding (\$7/ba er rider/hors er rider/hors | p) i.) g) e) | \$10 \$15 | | | | |
| s not competing | | | Tickete Office/Inst | \$20/class s ed Warm Up Be EMT Fee (purance Fee (purance Fee) | ame day entr Trips (\$10/tri Stall (\$50 ea edding (\$7/ba er rider/hors fee (\$25/hors | p) i.) g) e) e) e) | | | | | |
| s not competing | | | Tickete Office/Insu | \$20/class sed Warm Up Bee EMT Fee (purance Fee (purance Feo Tee Food Tee Tee Tee Tee Tee Tee Tee Tee Tee Te | ame day entr Trips (\$10/tri Stall (\$50 ea edding (\$7/ba er rider/hors er rider/hors | p) i.) g) e) e) e) | | | | | |

If paying with Venmo, fill out the section below and send payment to @cityviewseries **before** leaving the show:

Venmo Email or Handle:_______. Please put your

back number, full name, and horse's name in the Venmo memo.

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.

| 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 | |