

Shallowbrook's Cabin Fever Schooling Horse Show
CIRCLE ONE Jan. 11th or Feb 8th

ENTRY FEES	_____
OFFICE FEE \$10	_____
SCHOOLING \$10	_____
POST ENTRY \$5	_____
STALLS	_____
SHAVINGS	_____
TOTAL	_____

	HORSE NAME	COLOR	AGE	SEX	HEIGHT
RIDER #1	NAME ADDRESS: PHONE#	RIDER #2	NAME ADDRESS: PHONE#		
CLASSES	CLASSES		_____		
OWNER	NAME ADDRESS: PHONE#	NAME ADDRESS: PHONE#			

I agree to indemnify and save harmless the Shallowbrook Equestrian Center "Cabin Fever" Schooling Horse Show, its directors, officers, members, employees, and agents thereof from and against any and all loss, costs, or expenses or any claim thereof, of whatever nature arising or to arise, for and on account, or by reason of entry or entries hereby made. I further agree that if any damage shall be occasioned or loss occur by fire or otherwise to the horses exhibited, or to any vehicle or article that I may send with such horses that I will make no claim therefore; and I further agree to indemnify and hold harmless the Shallowbrook Equestrian Center or its agents from any and all loss, costs or expenses or any claim thereof.

* _____ * _____ * _____ * _____ _____
Rider #1 **Owner/Agent** **Trainer** **Parent/Guardian** **Rider #2** **Coach**

Print **Print** **Print** **Print** **Print** **Print**

• Indicates Mandatory signature line. Parent /Guardian signature is mandatory for minor participants.

EMAIL ADDRESS FOR FUTURE PRIZE LISTS _____