

ENTRY BLANK
 NAME OF SHOW: Shallowbrook DATE: _____

HORSE NAME		COLOR		SEX	HEIGHT	S M L	ENTRY FEES
RIDER #1		RIDER #2		NAME		Lease fee	_____
ADDRESS		ADDRESS		Phone		Coaching	_____
PHONE#		CLASSES		CLASSES		OFFICE FEE	_____
OWNER		TRAINER		NAME		SCUDGING FEE/Warm up	15.00
NAME		NAME		ADDRESS		POST ENTRY	_____
ADDRESS		ADDRESS		PHONE#		SPILES & STABLING FEES	_____
PHONE#		PHONE#		TOTAL		MISC. FEES	_____
						TOTAL	_____

Rules of the Cabin Fever Schooling Show

aka Shallowbrook Horse Show

- I AGREE to all of the rules of the above listed show. I AGREE in consideration for my participation in this competition to the following:
- I AGREE that I choose to participate voluntarily in this competition as a parent or guardian of a junior rider (under the age of 17).
- I am fully aware and acknowledge that horse sports and this competition involve inherent dangerous risks of accident.
- If I am a parent or guardian of a junior rider, I consent to the child's participation and agree to assume all of the obligations of the competition on the child's behalf.
- I AGREE to release Shallowbrook Equestrian Center, its Owner's, coaches and personal responsible from all claims due to any accident at the show or on the grounds of the competition.

By signing below, I AGREE to be bound by all the rules of this entry blank.

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

Print _____ Print _____ Print _____ Print _____ Print _____

* Indicates Mandatory signature line. Parent/Guardian signature is mandatory for minor participants. All lines must be signed by an adult. Emergency Contact # _____