

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____

EMAIL: _____ PHONE: _____

DIVISION: _____ EXHIBITOR #: _____

CLASSES ENTERED:

01	02	03	04	05	06	07	08	09	10	11	12	13	14	15
16	17	18	19											

HIGHPOINT CLASSES: ALL CLASSES (#1-#19) COUNT TOWARDS TODAY'S HIGH POINT. BASED ON THE HORSE/RIDER COMBO WITH THE MOST POINTS. ONE GRAND & ONE RESERVE HIGH POINT WILL BE AWARDED.

IN ACCEPTING MY ENTRY, I HEREBY RELEASE & DISCHARGE WEST 20 RANCH & SADDLE CO., JULIE CYRA, EMPLOYEES, VOLUNTEERS, STAFF MEMBERS, MADDEN INSURANCE, MARATHON INSURANCE, RAIN/HAIL L.L.C., ACE INSURANCE, ZURICH INSURANCE FROM ANY AND ALL CLAIMS OR RIGHT FOR DAMAGES THAT MAY OCCUR TO MY HORSE(S) OR MYSELF. I ALSO ASSUME & ACCEPT FULL RESPONSIBILITY FOR ANY DAMAGES DONE BY MYSELF OR HORSE(S) WHILE AT THE LOCATION (SHOW).

EXHIBITOR SIGNATURE: _____

PARENT/GUARDIAN SIGNATURE: _____

OFFICE CHARGE: \$2.00.....\$ _____

COGGINS COPY FEE: \$1.00.....\$ _____

STALL RENTAL: \$20.00/day.....\$ _____

SHAVINGS: \$6.00/bag...(# of bags _____).....\$ _____

CLASSES ENTERED: _____ \$5.00/CLASS (#1-#19).....\$ _____

TOTAL BALANCE.....\$ _____

CASH:

CHECK#:

CHARGE: