Back Number (stays w/ Rider)

_____

FLEET EQUESTRIAN CENTER HORSE SHOW ENTRY FORM

Coggins Pull Date _____

√'d by _____

Exhibitor Information

Rider Name_____Dob/Age_____

Address_____

Email_____ Phone_____ Emergency Phone_____

Parent/Guardian Name _____ Emergency Contact_____

Horse Identification

Horse Name_____Owner Name _____

Horse Owner Information

Farm Location_____ Farm Name_____

Class # Class Name

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

Total # of Classes _____

$8 Per Class $_____

$60 Up to 10 classes $_____

$75 Unlimited $_____

MAKE CHECKS PAYABLE TO: If Wishes Were Horses

TOTAL AMOUNT $_____ Entry Date _____ Check #_____

The undersigned agree to hold harmless Fleet Equestrian Center, LLC, If Wishes Were Horses, Inc, its agents, board members, volunteers, & guests, against any form or claim of injury, theft, loss, or damage to person(s) or property.

"UNDER SOUTH CAROLINA LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR THE INJURY TO OR THE DEATH OF A PARTICIPANT IN AN EQUINE ACTIVITY RESULTING FROM THE INHERENT RISK OF EQUINE ACTIVITY, PURSUANT TO ARTICLE 7, CHAPTER 9 OF TITLE 47, CODE OF LAWS OF SOUTH CAROLINA."

Participant Signature _____ Date_____

Parent/Guardian Signature (18/-)_____ Date_____