

Rider Number (For PC entry)

FLEET EQUESTRIAN CENTER
WESTERN FUN HORSE SHOW

Coggins Pull Date _____

v'd by _____

Exhibitor Information

Rider Name _____ Dob/Age _____

Address _____

Email _____ Phone _____ Emergency Phone _____

Parent/Guardian Name _____ Emergency Contact _____

Horse Identification

Horse 1 Name _____ Show/Registered Name _____

Horse 2 Name _____ Show/Registered Name _____

Horse 2 Name _____ Show/Registered Name _____

Event #	Horse	Event #	Horse
___ 1	Clover Leaf Barrels (Beginner)	___ 9	Pole Bending (14 - 18)
___ 2	Clover Leaf Barrels (9 & under)	___ 10	Pole Bending (OPEN -JP)
___ 3	Clover Leaf Barrels (10 - 13)	___ 11	Texas Barrels (Beginner)
___ 4	Clover Leaf Barrels (14 - 18)	___ 12	Texas Barrels
___ 5	Clover Leaf Barrels (OPEN -JP)	___ 13	Speed Barrel
___ 6	Pole Bending (Beginner)	___ 14	Bean Bag Race
___ 7	Pole Bending (9 & under)	___ 15	Ride-A-Buck Bareback
___ 8	Pole Bending (10 - 13)	___ 16	Christmas Costume

BEINNER CLASSES 1 - __ WJ __ JL 6 - __ WJ __ JL 11 - __ WJ __ JL

Total number of Events _____ \$12 Per Event \$ _____

Total number of Barrel Exhibitions _____ Poles _____ \$5 per practice run \$ _____

MAKE CHECKS PAYABLE TO: If Wishes Were Horses

TOTAL AMOUNT \$ _____ Entry Date _____ Check # _____ Cash __ Venmo __ PP __ CA __ Zelle __

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 _____

2142 Hicklin Bridge Rd Edgemoor, SC 29712 Contact 803-517-4563