

Back Number (stays w/ Rider)

FLEET EQUESTRIAN CENTER HORSE SHOW ENTRY FORM
STUDENT

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 Owner Information

Owner Name Margaret Fleet Farm Name Fleet Equestrian Center

Fleet Equestrian Center _____ Instructor: _____

Class #	Class Name/Horse 1	Class #	Class Name/Horse 2
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total # of Classes _____

\$10 Per Class \$ _____

MAKE CHECKS PAYABLE TO: If Wishes Were Horses

FEC Show Fee \$ 20

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 _____