



OPEN ALL BREED

FOR OFFICE USE ONLY

Cash: _____ Check # _____

ENTRY NUMBER _____

Coggins _____ Papers _____ ApHC Card _____

PERSON PAYING BILL _____ EMAIL _____

HORSE'S NAME _____ MEMBER ____ NO ____ YES _____ NUMBER _____
SEX _____

RANCH SHOW

CLASS NUMBERS _____

CLASS NUMBERS _____

EXHIBITOR NAME _____ DOB _____

OPEN ALL BREED

CLASS NUMBERS _____

CLASS NUMBERS _____

EXHIBITOR NAME _____ DOB _____

SELECT DIVISION FOR DAY END AWARDS

RANCH ____ OPEN W/T ____ YOUTH W/T ____ NON-PRO W/T ____ NOVICE W/T ____ PRIME TIME W/T

____ OPEN W/T/L ____ YOUTH W/T/L ____ NON-PRO W/T/L ____ NOVICE W/T/L ____ PRIME TIME W/T/L

OPEN ALL BREED ____ LEADLINE ____ YOUTH 11&U ____ LTD Y/A ____ OPEN W/J ____ NOVICE Y/A ____ YOUTH 18&U ____ ADULT

SCHS Waiver: The undersigned releases the leasers of the property on which the equine event is being held & SCHS. as the sponsor of the event from any liabilities resulting from injuries, illness or damage incurred to person, animal or property by the undersigned, by members of his/her family, or by any other spectator, participant, or animal while attending this event. Also, SCHS. will not be liable for any damage to or failure of equipment while at this event. I, the undersigned, concur that equine animal activities involve risks that are essentially impractical or impossible for SCHS. to prevent or eliminate; and that those inherent risks of an equine activity must be borne by those who engage in those equine activities. This signed class entry form will be retained by SCHS and made a part of the event's entry records. This signed waiver applies to all phases of this event.

Signature _____ Date _____

I have read and understand the terms of this wavier
(Rider under 18 years must have Parent/Guardian Sign)

FEES

OFFICE//USAGE FEE \$25 _____

CLASS # _____ @\$15 _____

POST ENTRY FEE \$15 _____

STALL _____ \$35 DAY _____ \$65 NIGHT _____ \$100

WEEKEND

CAMPER _____ \$65 NIGHT _____ \$100 WEEKEND

MEMBER DISCOUNT _____