

OFFICE USE ONLY

Total \$ _____ **BACK #**

Pre Entry Post Entry

CASH CHECK PAYPAL

VENMO CC

SHOW OFF EQUINE EVENTS ENTRY FORM

Rider Name: _____ AGE: _____

Horse Name: _____ NOMINATED # _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____ Trainer/Barn: _____

Circle Class Numbers:

SATURDAY

Halter 1 2 3 4 5
 Adult Western 6 22 32 42 52 65
 Youth Western 7 23 33 43 53 66
 Green/Novice 8 24 34 44 54 67
 Open Ranch 9 25 35 45 55 59 68
 Adult Ranch 10 26 36 46 56 60 69
 Youth Ranch 11 27 37 47 57 61 70
 WJ Ranch 12 28 38 48 58 62 71
 Open WTJ 13 29 39 49 72
 Adult WTJ 14 30 40 50 73
 Youth WTJ 15 31 41 51 74
 Leadline 16 17 18 19 20
 Other 21 64
 FLAG CLASS 63

SUNDAY

Halter 75 76 77 78 79
 Open Huntseat 80 97 105 113 121 126
 Adult Huntseat 81 98 106 114 122 127
 Youth Huntseat 82 99 107 115 123 128
 Beginner 83 100 108 116 129
 Schooling WTJ 84 101 109 117 130
 WTJ 11&under 85 102 110 118 131
 WTJ 12-39 86 103 111 119 132
 Jack Benny WTJ 87 104 112 120 133
 Little Bits 89A 89 90 91 125 136
 Leadline 88 92 93 94 95
 Ground Poles 134 135 Crossrails 137 138 139
 2ft 140 141 142 2 ft 3" 143 144 145
 2 ft 6" 146 147 148
 Other 96 124

FRIDAY NIGHT GAMES:

Grounds Fee: \$5 per horse/rider combo per day **circle one** \$5 single day or \$10 both days
Total Classes: _____ @ \$10 \$ _____
Stall Fee: \$60 \$ _____
Shavings \$8 Per Bag \$ _____
Camper Fee: \$30 per night \$ _____
Other: _____ \$ _____
Pre Entry Discount (\$1 off per class if submitted with payment 1 week prior) - _____
TOTAL DUE: \$ _____

I understand and accept the terms, conditions, and rules posted by Show Off Equine Events. I understand and accept that equine activities can be dangerous and that I may be exposed to risks that can cause serious injury or death. As a participant or spectator, I agree to full responsibility for any and all injuries or property damage sustained at this event, and to make no claim against Show Off Equine Events or any of its staff or volunteers for any injuries or damage regardless of cause. I have read the rules provided by SOEE and I agree to follow them. I agree that my presence on this facility and entry into competition confirms absolutely my agreement to be bound to these terms.

SIGNATURE OF EXHIBITOR _____ DATE _____

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

CHECKS PAYABLE TO: Show Off Equine Events (SOEE). Returned checks and unpaid entries are subject to a \$25 service fee.

MAIL TO: Show Off Equine Events PO Box 201 Schaghticoke, NY 12154 Email ShowOffEquine@gmail.com Ph: 518-810-2213

PayPal: showoffequine@gmail.com Venmo: @Stacy-Anatriello **We now accept credit cards!! Service fee will be applied**