

SHOW OFF EQUINE EVENTS ENTRY FORM

Rider Name: _____ AGE: _____

Horse Name: _____ NOMINATED # _____

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

Phone: _____ Email: _____ Trainer/Barn: _____

Circle Class Numbers:

1 2 3 4 5 6 7 8 9 10 11 12 13
14 15 16 17 18 19 20 21 22 23 24 25 26
27 28 29 30 31 32 33 34 35 36 37 38 39 40

Office Fee	\$ 15 _____.
Total Classes: _____ @ \$10	\$ _____
Unjudged Schooling Round: \$5 Max of one per horse/rider	\$ _____
Stall Fee: \$60	\$ _____
Shavings \$8 Per Bag	\$ _____
Camper Fee: \$30 per night	\$ _____
Other: _____	\$ _____

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