

# BLUE RIBBON SPRINGTIME CLASSIC

**March 23 – 25, 2018**

Entries close March 15, 2018 Post Entries Accepted

Ck# _____
Amt. _____
Payee _____

Mail to: **Evette Moody**  
**6168 Quinella Way**  
**Dayton, OH 45459**

**One owner per entry blank** – Make checks payable to: **Blue Ribbon Classic Horse Shows**  
 Entry blank may be copied. **Back of form must be signed!**  
 PLEASE PRINT ON TYPE (All information must be completed)

**Owner** \_\_\_\_\_ ASSN# \_\_\_\_\_  
 (as shown on registration papers) (ASHA/ARHPHA/AHHS,ETC.)

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Phone# \_\_\_\_\_ Cell# \_\_\_\_\_

**Trainer** \_\_\_\_\_ ASSN# \_\_\_\_\_  
 (ASHA/ARHPHA/AHHS,ETC.)

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Phone# \_\_\_\_\_ Cell# \_\_\_\_\_

**Rider #1** \_\_\_\_\_ Age \_\_\_\_\_ ASSN# \_\_\_\_\_  
 (ASHA/ARHPHA/AHHS,ETC.)

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

**Rider #2** \_\_\_\_\_ Age \_\_\_\_\_ ASSN# \_\_\_\_\_  
 (ASHA/ARHPHA/AHHS,ETC.)

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Back #	Horse Name				Registration #
Color	Sex	Age	Height		
Class#					<b>Total Entry Fees</b>
Entry Fee \$					
Rider					
Back #	Horse Name				Registration #
Color	Sex	Age	Height		
Class#					<b>Total Entry Fees</b>
Entry Fee \$					
Rider					

<b>TOTAL ENTRY FEES</b> (from above)	_____	\$
<b>STALLS @ \$80.00 or GROUNDS FEE</b> (no stall) @ \$30.00/horse	_____	\$
<b>SHAVINGS @ \$7.50/bag</b>	_____	\$
<b>OFFICE FEE @ \$8 /horse</b>	_____	\$
<b>CAMPER FEE @ \$30.00/night</b> Vehicle plate # _____	_____	\$
<b>SPONSORSHIPS</b>	_____	\$
<b>TOTAL PAYMENT</b>	_____	_____

**PLEASE READ BEFORE SIGNING!**

I hereby certify that every horse and/or rider is eligible as entered. I make these entries at my own risk and am subject to the rules of the Blue Ribbon Classic Horse Shows. I agree for myself and my representatives to be bound thereby. Under Ohio Law, an Equine Activity Sponsor or Equine Professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risk of equine activities. I further agree to release Blue Ribbon Classic Horse Shows and the Champions Center, its agents, employees, and/or landholder of all liabilities or responsibilities in case of accident, loss, or injury in any way connected with the horse show, and agree to indemnify and hold harmless Blue Ribbon Classic Horse Shows in the event of any such liability to any owner, leasee, trainer, agent, employee, rider, driver, or any other person representing the same in case of accident, loss, or injury in any way connected with the horse show.

**My signature on this form indicates that I have read and understand this disclaimer. I am authorized on behalf of the owner(s) and exhibitor(s) whose entries are listed on this form.**

**BY SIGNING BELOW, I AGREE to be bound by all applicable state laws and all terms and provisions of this entry blank.**

**Rider/Driver/Handler/Exhibitor** (mandatory)

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

**Rider/Driver/Handler/Exhibitor** (mandatory)

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

**Owner/Agent** (mandatory)

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

**Trainer/Coach** (mandatory)

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

**\*Parent/Guardian**

Signature: \_\_\_\_\_

(Required if Rider/Driver/Handler/Participant is a minor)

Print Parent/Guardian Name: \_\_\_\_\_

Emergency Contact Phone No. \_\_\_\_\_