

BLUE RIBBON SPRINGTIME CLASSIC

April 5-7, 2024

Entries close March 25, 2024 Post Entries Accepted

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

Ck#	_____
Amt.	_____
Payee	_____

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#					Total Entry Fees
Entry Fee \$					
Rider					

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

TOTAL ENTRY FEES (from above)	_____	\$
STALLS @ \$100.00 or GROUNDS FEE (no stall) @ \$30.00/horse	_____	\$
SHAVINGS @ \$9.00/bag	_____	\$
OFFICE FEE @ \$12 /horse	_____	\$
CAMPER FEE @ \$45.00/night Vehicle plate #	_____	\$
SPONSORSHIPS	_____	\$
TOTAL PAYMENT	_____	

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. _____