

Brookside Opener

April 2 - 3, 2021

One horse per entry form please

Horse Name						Age	Color	Sex	Height	
Trainer		Address				City/St		ZIP		
Home # ()		Barn # ()		Fax # ()		Barn Name				
Owner		Address				City/St		ZIP		
Home # ()			E-Mail			SSN#				
Rider A		Address				City/St		ZIP	Date of Birth	
Home # ()			E-Mail							
Rider B		Address				City/St		ZIP	Date of Birth	
Home # ()			E-Mail							
Classes for Rider A										
Classes for Rider B										

RIDERS NUMBERS WILL NOT BE RELEASED WITHOUT AN OPEN CHECK ON FILE IN THE HORSE SHOW OFFICE

I, the undersigned, assume full risk and responsibility and agree to indemnify and save harmless BROOKSIDE SHOW PARK, INC and LET'S SHOW, it's owners, employees, agents, and director's thereof, all and singular from and against any and all liability for injury, loss, costs or expenses or any claims thereof of whatever nature arising or to arise fro or on account, or by reason of the entry or entries hereby made by or for myself, person(s) handling or riding my entry, my family guests.

I hereby represent that entry/entries made on behalf of exhibitors under the age of 18, that I am one of the parents or a duly appointed legal guardian, and as such am entitled to make this entry for or on behalf of such minor exhibitor.

Signature of Rider A (Must be 18 or over, otherwise signature of Parent/Guardian) Rider's Age

Signature of Rider B (Must be 18 or over, otherwise signature of Parent/Guardian) Rider's Age

MUST BE 18 OR OVER TO SIGN!!! MINORS MUST HAVE PARENT/GUARDIAN SIGNATURE PRIOR TO RELEASE OF ENTRY NUMBER.

Entry Fees

Make checks payable to
Brookside Equestrian Park
and mail to
CEP
29455 N. Cave Creek Rd
Ste. 118-430
Cave Creek, AZ 85331
or enter at the show or
on horseshowing.com

**Stalls available \$50/day.
Call for reservations: 916-682-1403**

Calif. Drug Fee \$8.00

SAHJA \$2.00

**Schooling/Facility/
Registration \$50.00**

Other _____

**Call for RV reservations
916-682-1403**

FOR OFFICE USE

Total _____
Deposit Recieved _____
Balance _____