



the Brookside Back to School Horse Show

Sept. 21-22, 2019

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 SAHJA, 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 for 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 or 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

Pre-Entries for stalls due 9/18/2019. No open checks for stalls and schooling fees. Make checks payable to "Brookside" and mail to PO Box 2890, Fair Oaks, CA 95628 or enter online at horseshowtime.com

Stalls @ \$100	_____
Day Stalls @ \$50	_____
Drug fee	\$5.00
SAHJA fee	\$2.00
Facility Fee	\$5.00
Schooling @ \$25	_____
Reg classes @ \$22ea	_____
Jackpot classes @ \$20	_____
Other	_____
RV @ \$100	_____

FOR OFFICE USE

Total	_____
Deposit Recieved	_____
Balance	_____