

ONLY ONE OWNER PER FORM

OWNER OR AUTHORIZED AGENT
NAME OF OWNER: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
TELEPHONE: _____
EMAIL: _____
SIGNATURE X _____

2018
SCHC Labor Day Classic
at VISTA PALOMAR RIDING CLUB
September 15th & 16th, 2018

For more information:
 Phone: 760-525-8933 Fax: 760-659-6830

PRE ENTRIES CLOSE FRIDAY SEPT 7

TRAINER
NAME OF TRAINER: _____
NAME OF BARN: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
TELEPHONE: _____
SIGNATURE X _____

HORSE #	NAME OF HORSE	AGE	COLOR	SEX	NAME OF RIDER	AGE	CLASS				FEEs	

Every entry shall constitute an agreement and affirmation that the person making it, owner, lessee, trainer, manager, agent, coach, driver, rider and the horse: (1) shall be subject to the local rules of the show; (2) that every horse, rider and/or driver is eligible as entered; (3) that the owner and any of his representatives are bound by the rules of the show and will accept as final the decision of the hearing committee and any question arising under said rules and agree to hold the show, their officials, directors, employees, and agents harmless for any action taken, (4) that the owner rider/driver and any of their agents or representatives agree to hold the show and their officials, directors, employees and agents harmless for any injury or loss suffered during or in connection with the show, whether or not such injury or loss resulted directly or indirectly from negligent agents of promises of said officials, directors, employees or agents of the show. I agree to indemnify and save harmless SCHC Horse Show and singular, the directors, officers, members, employees, and agents thereof from and against any and all loss, costs or expenses, or any claim thereof, of whatever nature arising or to arise, for an on account, or by I hereby represent and agree that in the event that the entries hereby made are made for and on behalf of an exhibitor under the age of 18 years, that I am one of the parents of such minor, or duly appointed legal guardian of such minor, and as such, entitled to make this entry for and on behalf of such minor and I further hereby represent and agree that in the event that the entry hereby made for and on behalf of such another person other than a minor under the age of 18 years, I have full authority and privilege from such other person to make such an entry for and on behalf of such other person.

X
SIGNATURE OF EXHIBITOR OR PARENT/GUARDIAN OF MINOR EXHIBITOR

ENTRY FEES
Regular Classes \$40
Championship Classes \$45

CANCELLED STALL NOTICE

Any stalls reserved and then cancelled within 5 days of the horse show date will be assessed \$100 per stall

TOTAL ENTRY FEES: \$ _____	
# _____ DRUG/OFFICE/ \$50	\$ _____
# _____ CLASS SPONSORS \$50	\$ _____
# _____ BOX STALLS \$150	\$ _____
# _____ PIPE STALLS \$100	\$ _____
# _____ TRAILER-IN \$40/horse/day	\$ _____
# _____ SHAVINGS \$12.50	\$ _____
# _____ SCHC Assessment \$8	\$ _____
# _____ POST ENTRY FEE \$25	\$ _____
TOTAL ENCLOSED: _____	

ALL FEES MUST ACCOMPANY ENTRY
MAKE CHECKS PAYABLE TO SCHC

MAIL ENTRIES TO:
 Southern California Horsemen's Council
 P.O. Box 1064
 Bonsall, CA 92003

MAKE CHECKS PAYABLE TO: SCHC

www.jinglebellhorseshow.com