

ONLY ONE OWNER PER FORM

PRE-ENTRIES CLOSE MARCH 31, 2021

OWNER		
Print Name of Legal Owner		
Signature of Owner or Agent		
Address of Owner or Agent		
City	State	Zip
Phone No. of Owner		

TRAINER		
Trainer's Name		
Trainer's Signature (If no Trainer, Owner Must Sign - Mandatory)		
Address of Trainer		
City	State	Zip
Phone No. of Trainer		

COMPLETE BOTH SIDES OF THIS FORM

DIAMOND JUBILEE

APRIL 8 - 11, 2021

**FOR MORE INFORMATION CALL:
LANCE BENNETT 760-525-8933 OR
EMAIL: ranchovista@sbcglobal.net**

HORSE #	NAME OF HORSE (Class Number Under Name, One Class Per Square)	TOTAL FEES	DESCRIPTION		REG. NO. IF APPLICABLE	RIDER, DRIVER OR HANDLER
			Sex:	Age:		
			Color:	Height:		
			Sex:	Age:		
			Color:	Height:		
			Sex:	Age:		
			Color:	Height:		
			Sex:	Age:		
			Color:	Height:		
			Sex:	Age:		
			Color:	Height:		

CREDIT CARD PAYMENT INFO:	
Name as it appears on card	
Card Number/Type	
Exp Date	3 digit sec code
Billing Address	
Billing City/State	Billing Zip Code
Cardholder's Signature	
*Note - 3% transaction fee to be applied	

Birthdate of Junior Rider
Signature of Minor's Parent or Guardian
FOR RIDERS ENTERED IN AMATEUR CLASSES
Signature of Amateur Rider

**FOR STALL AND BOX SEAT RESERVATIONS CALL:
LANCE BENNETT 760-525-8933
MAKE ALL CHECKS PAYABLE TO: SCHC
MAIL ENTRIES TO:
Diamond Jubilee
PO BOX 1064
Bonsall, CA 92003**

ENTRY FEES		\$
#	POST ENTRY FEE \$50 PER HORSE	\$
#	OFFICE/FIRST AID FEE \$50 PER HORSE	\$
#	STALLS \$175 (NO FIRST BEDDING)	\$
#	EARLY ARRIVALS \$35 (PER DAY, PER STALL)	\$
#	NON-STABLING FEE \$50 (PER HORSE PER DAY)	\$
#	CA DRUG FEE \$8/horse	\$
#	SCHC FEE \$10/horse	\$
#	Covid Fee \$25/horse	\$
#	PREMIUM SEATING \$500 (10 SEATS)	\$
#	Feed #	\$
#	Shavings	\$
TOTAL ENCLOSED:		
STABLE WITH :		

**NO ENTRIES ACCEPTED UNLESS
ACCOMPANIED BY AN OPEN CHECK OR CREDIT CARD**

SIGNATURES REQUIRED IN THREE (3) PLACES (AT X) BELOW

ENTRIES NOT SIGNED WILL NOT BE ACCEPTED

Carefully **READ** this Agreement **BEFORE SIGNING**

Every entry made on this entry blank shall constitute an agreement and affirmation that all participants (which shall include, without limitation, the owner, lessee, trainer, manager, agent, coach, driver, rider, handler and the horse) for themselves, their principles, representatives, employess and agents: (1) shall be subject to the rules of SCHC, Diamond Jubilee and the Del Mar Fairgrounds, and will accept as final the decision of the hearing committee on any questions arising under said rules, and afree to hold the above, its officers, directors, and employees, harmless for any action taken and (2) agree that they participate voluntarily in the competition fully aware that horse sports and the competition involve inherent dangerous risk of serious injury or death and by participating they expressly assume any and all risks of injury or loss and they agree to indemnify and hold SCHC, Diamond Jubilee and the Del Mar Fairgrounds, and their officers, directors, employees and agents harmless from and against all claims including any injury or loss suffered during, or resulted, directly or indirectly, from the negligent acts or omissions of said officers, directors, employees or agents of SCHC, Diamond Jubilee and the Del Mar Fairgrounds.

The signatures of each side of this entry form indicate that each of us has read and understands the above.

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 21 years, that I am one of the parents of such minor, or duly appointed legal guardian of such minor, and I further hereby represent and 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 another person other than a minor under the age of 21 years; I have full authority and privilege from such other person to make such entry for and on behalf of such other person.

X _____	
SIGNATURE OF PARENT OR GUARDIAN OF MINOR EXHIBITOR	BIRTHDATE OF JUNIOR EXHIBITOR

Rider/Driver/Handler #1

X _____
ADULT SIGNATURE OF RIDER, DRIVER, HANDLER

Print Rider/Driver/Handler #1

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Rider/Driver/Handler #2

X _____
ADULT SIGNATURE OF RIDER, DRIVER, HANDLER

Print Rider/Driver/Handler #2

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

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