

ONLY ONE OWNER PER FORM

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

2017
SCHC HUNTER/JUMPER
HORSE SHOW SERIES
at Vista Palomar Riders

For more information:
 Phone: 760-510-1111 Fax: 760-510-1211

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

ALL FEES MUST ACCOMPANY ENTRY

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

ENTRY FEES
Regular Classes \$25
Medal Classes \$37
Ticketed Schooling \$15
CANCELLED STALL NOTICE

Any stalls reserved and then cancelled within 5 days of the horse show date will be assessed \$25 per stall

TOTAL ENTRY FEES: \$ _____	
# _____ DRUG/OFFICE/FIRST AID \$30	\$ _____
# _____ CLASS SPONSORS \$25	\$ _____
# _____ SCHC ASSESSMENT \$8	\$ _____
# _____ GSDHJA ASSESSMENT \$10	\$ _____
# _____ PIPE STALLS \$35/day/horse	\$ _____
# _____ SHAVINGS	\$ _____
# _____ NON-STABLING \$35/horse/day	\$ _____
TOTAL ENCLOSED: _____	

MAKE CHECKS PAYABLE TO: SCHC

www.schchorseshow.com