



LEONE EQUESTRIANS INC.

One horse per entry form please

February 11-12, 2017

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

Classes ___ @ \$20 _____
 Stalls # ___ @ \$100 _____
 Drug Fee **\$5**
 SAHJA Fee **\$2**
 Fri Schooling @ \$25 _____
 RV's @ \$25/day _____
 Other _____

Paid: Cash _____
 Ck# _____
 Balance Due _____

NOW ACCEPTING CREDIT CARDS

Name on card _____
 Card number _____
 Expiration date _____

Signature _____

FOR OFFICE USE