Horsemanship Showcase

September 26-28, 2025 — Entries Close Sept. 16th

One Horse Per Entry Blank

**Entry blank must be signed on reverse by owners/trainers/riders**

**MAIL ENTRIES TO:**

Liz Holmes PO Box 362

Mebane, NC 27302

919-672-3741

lizholmes1957@gmail.com

|  |  |
| --- | --- |
| **OFFICE USE** | **NAME OF HORSE** |
| **RIDER/DRIVER/HANDLER** | **CLASS** | **CLASS** | **CLASS** | **CLASS** | **CLASS** | **ENTRY FEES****$** |
| **FEE** | **FEE** | **FEE** | **FEE** | **FEE** |
| **RIDER/DRIVER/HANDLER** | **CLASS** | **CLASS** | **CLASS** | **CLASS** | **CLASS** | **ENTRY FEES****$** |
| **FEE** | **FEE** | **FEE** | **FEE** | **FEE** |

Please provide all applicable association numbers in space below.

**TOTAL CLASS FEES**

 Stalls @ $125

 Early Arrival @ $50 per stall

 Office Fee @ $20 per rider

 Post Entry Fee @ $30 per rider

\_\_\_\_\_Sponsorship \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_Shavings @ $9.00/bag

\_\_\_\_\_Pre-Bedding @ $17/stall \_\_\_\_\_\_\_\_\_\_\_\_\_

**TOTAL FEES**

**Checks to cover all fees must accompany entries.**

**All credit card payments will be charged a 4% convenience fee.**

**OWNER**

NAME ADDRESS CITY/STATE/ZIP USEF ASSOC # PHONE EMAIL

**TRAINER**

NAME ADDRESS CITY/STATE/ZIP USEF ASSOC # PHONE EMAIL

**RIDER 1** ADDRESS CITY/STATE/ZIP USEF ASSOC #

**RIDER 2** ADDRESS CITY/STATE/ZIP USEF ASSOC #

**PAYMENT METHOD**

* Check
* Credit Card

Acct #

Exp Date

Sec. Code

Signature of cardholder

**EMERGENCY CONTACT #**

**STABLE WITH, If applicable**

**ARRIVAL DATE & TIME**

**ENTRY AGREEMENT**

By entering this Competition and signing this entry blank as the Owner, Lessee, Trainer, Manager, Agent, Coach, Driver, Rider or Handler and on behalf of myself and my principals, representatives, employees and agents, I agree that I am subject to the rules of the HORSEMANSHIP SHOWCASE (Competition). I agree to be bound by the rules of the competition. I will accept as final the decision of the Show Committee on any question arising under the Rules, and agree to release and hold harmless the competition, their officials, directors and employees for any action taken under the Rules. I represent that I am eligible to enter and/or participate under the Rules, and every horse I am entering is eligible as entered.

**BY SIGNING BELOW, I AGREE** that I have read, understand, and agree to be bound by all applicable Competition rules . If I am signing and submitting this Agreement electronically, I acknowledge that my electronic signature shall have the same validity, force and effect as if I affixed my signature by my own hand agree to be bound by all applicable Competition rules and policies. If I am signing and submitting this Agreement electronically, I acknowledge that my electronic signature shall have the same validity, force and effect as if I affixed my signature by my own hand.

RIDER/DRIVER/HANDLER (mandatory)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TRAINER (mandatory) Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OWNER/AGENT (mandatory) Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COACH (if applicable) Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: (Required if Rider/Driver/Handler is a minor) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Parent/Guardian Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Phone No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_