

Horsemanship Showcase

September 27-29, 2024 — 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.

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 # _____

TOTAL CLASS FEES _____

____ Stalls @ \$125 _____

____ Early Arrival @ \$50 per stall _____

____ Office Fee @ \$35 per horse _____

____ Post Entry Fee @ \$30 per horse _____

____ 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.

EMERGENCY CONTACT #

STABLE WITH, If applicable

ARRIVAL DATE & TIME

PAYMENT METHOD

Check Credit Card

Acct # _____

Exp Date _____

Sec. Code _____

Signature of cardholder _____

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. _____