

OWNER		RIDER ONE		TRAINER	
Owner Name		Rider Name		Trainer Name	
Address		Address		Address	
City/State/Zip		City/State/Zip		City/State/Zip	
Social Security # (if corporation see below)	Telephone	Telephone	E-Mail	Telephone	E-Mail
E-Mail		PCHA		PCHA	

PRIZE MONEY PAID TO		RIDER TWO		PAYMENT INFO	
Individual Name (one name only) or Corporation Name		Rider Name		Credit Card #	
Social Security #	Address	Telephone	Cardholder Name	Exp.	CVV#
Fed #	City/State/Zip	E-Mail	Signature	Billing Zip	
Address		PCHA		Deposit Received \$	Ck# Date
City/State/Zip				Closeout \$	Ck# Date

NAME OF HORSE				RIDER ONE		CLASSES																																
<table border="1"> <tr> <td>COLOR</td> <td>SEX</td> <td>HEIGHT</td> <td>AGE</td> <td colspan="3">Please circle below if applicable</td> <td colspan="2">RIDER TWO</td> <td colspan="2">RIDER 1</td> <td colspan="2">RIDER 2</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>1st Yr</td> <td>2nd Yr</td> <td>Sm</td> <td>Med</td> <td>Lg</td> <td>BirthDay</td> <td></td> <td></td> </tr> </table>				COLOR	SEX	HEIGHT	AGE	Please circle below if applicable			RIDER TWO		RIDER 1		RIDER 2						1st Yr	2nd Yr	Sm	Med	Lg	BirthDay			RIDER ONE		RIDER TWO		RIDER 1		RIDER 2			
				COLOR	SEX	HEIGHT	AGE	Please circle below if applicable			RIDER TWO		RIDER 1		RIDER 2																							
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By signing below as owner, agent, rider, handler, lessee, trainer, coach or as parent or adult guardian of a minor, I am fully aware and acknowledge that horse sports and competitions involve inherent dangerous risks of accident, loss, and serious bodily injury including broken bones, head injuries, trauma, pain, suffering and/or death ("Harm"). By signing below, I agree to release the competition from all claims for money damages or otherwise for any Harm to me or my horse and for any Harm caused by me or my horse to others, even if the Harm resulted directly or indirectly from the negligence of the competition. If I am signing as a parent or guardian of a junior exhibitor, I consent to the child's participation and agree to all of the above provisions and agree to assume all of the obligations of this release on the child's behalf. I agree that the term "competition" as used above includes, but is not limited to, the horse show, West Palms Event Management and LEG Shows & Events, its officials, officers, directors, employees, contractors, agents, personnel, volunteers and affiliated organizations, as well as the facility (Hansen Dam Horse Park or LA Equestrian Center).

HORSE SHOW FEES	
STALL	\$250.00
OFFICE/GROUNDS FEE	\$75.00
NOMINATION FEE	\$50.00
FACILITY FEE	\$50.00
HAUL IN (PER DAY/PER HORSE)	\$50.00
RV FEE	\$375.00
PCHA FEE	\$3.00
CDEA DRUG FEE	\$8.00
3% CREDIT CARD FEE	
Please refer to the rules and regulations for complete details.	
SEND ONLY NOMINATION AND STALL FEES WITH ENTRY	
TOTAL AMOUNT DUE	
STABLE WITH:	

RIDER/HANDLER (Mandatory) Is Rider/Driver/Handler a U.S. citizen? (please circle) Yes No Signature: _____ Print Name: _____	OWNER/MANAGER (Mandatory) Signature: _____ Print Name: _____	TRAINER (Mandatory) Signature: _____ Print Name: _____
RIDER/HANDLER (Mandatory) Is Rider/Driver/Handler a U.S. citizen? (please circle) Yes No Signature: _____ Print Name: _____	PARENT/GUARDIAN (Mandatory if rider/handler is a minor) Signature: _____ Print Name: _____	COACH (If applicable) Signature: _____ Print Name: _____

EMERGENCY CONTACT	
Name: _____	PHONE: _____

ENTER ONLINE AT: www.westpalmsevents.com