RIDERS CUP

LOCAL

Oct. 23-24, 2021

All entries must be submitted electronically through EquestrianConnect.com
or by emailing ak@westpalmsevents.com

Entries due Oct. 18, 2021

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					

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				Deposit Received $	Ck#	Date
City/State/Zip				Closeout $	Ck#	Date

NAME OF HORSE					RIDER ONE	
	COLOR	SEX	HEIGHT	AGE		Birthday
USHJA#	Please circle below if applicable				RIDER TWO	
	1st Yr	2nd Yr	Sm Med Lg			Birthday

CLASSES						
RIDER 1						
RIDER 2						

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).

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

EMERGENCY CONTACT

Name: _____ PHONE: _____

ENTER ONLINE AT: www.westpalmsevents.com

HORSE SHOW FEES

STALL	$200.00	
OFFICE/GROUNDS	$75.00	
FACILITY	$50.00	
HAUL IN (PER DAY/PER HORSE)	$50.00	
RV	$500.00	
CDFA DRUG	$8.00	
3% CREDIT CARD PROCESSING		

Please refer to the rules and regulations for complete details.

SEND ONLY NOMINATION AND STALL FEES WITH ENTRY

TOTAL AMOUNT DUE

STABLE WITH: