HARMONY RIDERS ASSOCIATION
PARISH, NEW YORK **RING #_____**
HORSE SHOW ENTRY FORM

COGGINS_____
RABIES _____
HELMET _____ (UNDER AGE 14)

*******PLEASE PRINT CLEARLY*******

RIDER'S NAME_____ HORSE'S NAME_____

***CIRCLE ONLY ONE* DIVISION: BEG WALK /TROT JR A JR B SR**

CLASS #	ENG	WEST	GYM	FEE	PD
			SUB TOTAL		
			NUMBER FEE	$1.00	
			OFFICE FEE	$5.00	
			Exhibitor Membership Fee	$10.00	
			TOTAL		

CLASS #	ENG	WEST	GYM	FEE	PD
			SUB TOTAL		
			TOTAL		

PAID BY: CHECK#_____ OPEN CHECK #_____ CASH_____

OWNER'S NAME_____

IN ACCEPTING MY ENTRY, I HEREBY RELEASE THE SPONSOR, THEIR OFFICERS, MEMBERS, CO-SPONSOR S AT THIS SHOW FROM ANY CLAIM OR RIGHT FOR DAMAGES WHICH MAY OCCUR TO ME OR MY HORSE. I ALSO ASSUME AND ACCEPT FULL RESPONSIBILITY FOR ANY DAMAGES DONE BY ME OR MY HORSE AT THIS SHOW. I ALSO GIVE MY PERMISSION TO USE MY PHOTO FOR CLUB/PROMOTIONAL USE.

SIGNED BY OWNER/EXHIBITOR_____
(PARENT OR LEGAL GUARDIAN IF MINOR)

NAME_____

ADDRESS_____

DATE_____ PHONE_____