Horse #		
Name of Horse:		
Name of Exhibitor:		
Member YES	NO	
Phone:		
Email:		-
Schedu	ule of Fees	
Class Fee \$20 Each		_
Stakes \$40 Each		_
Grounds fee Per Horse	25	_
CA Drug Fee Per Horse	14	_
Administration Fee Per Horse	16	_
Trail pole fee \$10.00 Per Horse		_
Post Entry Deadline Fee \$10		-
Ranchmanship \$100 Team		-
APHA Approved \$20 Each add	I	-
Membership		-
Sponsorship		-
CREDIT CARD FEE \$5		-
Total Due		<del>-</del>
Office Use Only -		
Check # Cash	Venmo	CC
or want of ordinary care on the pa participation in events organized directors, officers, agents, meme	se SoCal Ranch Riders from all liabili art of SCRR and or any of its agents. I or sponsored gy SCRR, I waive, relea ers, their representatives, heirs, exec nage to myself, my animals or my pro	n consideration of my se, and discharge SCRR, and their utors and assigns from any and all
	binding upon my executors, heirs ar	
	Date:	

Parent/guardian mist sign if exhibitor is a minor

 $Your \ signature \ on \ this \ entry \ form \ is \ your \ acknowledgement \ that \ you \ have \ read, \ understand \ and$ 

