

OWNER OR AUTHORIZED AGENT

Name of Owner: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____
 EMAIL: _____
 Signature: _____

PEPPERGLEN FARM
DRESSAGE SHOW SERIES 2020
Show Date:

Mail entries to:
 3563 Pedley Ave. Norco, CA
 Show entrance - California Ave.
Info & Scheduling - Lori at 951-817-1794

www.pepperglen.com

TRAINER (Do not use barn name)

Name of trainer: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____
 EMAIL: _____
 Signature: _____

Hrs #	Name of Rider	Jr, AA, O	DOB	Name of Horse	Sex	Color	Age	Class number (\$25.00 ea)				Fees
								Class 50 @ \$10 a rider Class F @ \$15.00 an entry				

I agree to indemnify and save harmless Pepperglen Farm, owners, contractors and agents thereof from and against any and all loss, cost or expenses, or any claim thereof, of whatever nature arising or to arise for an on account, or by reason of the entry or entries hereby made. I hereby represent and agree that in the event that such minor, or duly appointed legal guardian of such minor, and as such, entitled to make this entry for and on behalf of such minor, and I further hereby represent and agree that in the event that the entry hereby made for and on behalf of another person other than a minor under the age of 21 years; I have full authority and privilege from such person to make such entry for and on behalf of such other person.

Every entry shall constitute an agreement and affirmation that the person making it, owner, lessee, trainer, manager, agent, coach, driver, rider and the horse: (1) shall be subject to the local rules of the show, (2) that every horse, rider, and/or driver is eligible as entered; (3) that the owner and any of its representatives are bound by the rules of the show and will accept as final the decision of the hearing committee on any question arising under said rules and agree to hold the show, their officials, directors and employees harmless for any action take; (4) that the owner rider/driver and any of their agents or representatives agree to hold the show and their officials, directors, employees and agents harmless for any injury or loss suffered during or in connection with the show, whether or not such injury or loss resulted directly or indirectly from negligent acts of said officials, directors, employees or agents of the show.

Rider Name _____ Rider Phone _____

Rider Address: _____

City: _____ State: _____ ZIP: _____

Rider Email: _____

Signature of Exhibitor: _____

Signature of Parent or Guardian of Minor Exhibitor: _____

Please use one form per horse/rider team. Payment must accompany entry.

TOTAL ENTRY FEES From Above: \$ _____

Office Fee \$15 per rider (mandatory) \$ _____

CA Drug Fee \$8 (mandatory per horse) \$ _____

Grounds Fee \$15 x # _____ days
 (mandatory per horse per day) **TOTAL** \$ _____

Stalls: (optional)

Day Stall @ \$10 x # _____ days

Motel Stall @ \$15 x # _____ days

Barn Stall @ \$25 x # _____ days

TOTAL FOR STALLS \$ _____

Late Fee: \$5 per test \$ _____

TOTAL: \$ _____