REMEMBER to mark each class

Judge "A" and/or Judge "B"

PLEASE WRITE LEGIBLY

SPELLING IS IMPORTANT

FOR YEAR-END AWARDS

ENTRY FORM **BLUE RIBBON HORSE SHOW**

Halter Incentive: Specify which 1 Division you want your Halter Points to Count Towards for Daily High Points & Year-End Points:

Pre-Entry: \$10.00 per class per judge Post Entry: \$11.00 per class per judge Schooling Fee: \$10.00 per class Arena Fee: \$12.00 per horse

+ EMT Fee: \$5.00 per exhibitor

(Leadline: Arena & EMT fees will be waived)

CLASS #	LASS # JUDGE A JUDGE B HORS					OWNER				EXHIBITOR			
CONSENT FOR PARTICIPATION OF MINOR (MUST be signed by Parent or Legal Guardian):											SUB-TOTAL		
I hereby accept the responsibility clause below and do consent to the participation of:													
By submitting this entry, I acknowledge that I am entering this horse show at my own risk, and am subject to all									FOR EACH RIDER AND HORSE EMT FEE				
rules and regulations of the VHR Horse Shows, Inc. dba Blue Ribbon Horse Shows, Western Saddle Club, Friends of Horse Lovers Park, Bert & Megan McGill, AE Mgmt LLC, LCS-Westminster partnership IV LLP, the City of Phoenix, the State of Arizona Equine Activity Law (ARS 12 553), the US Bureau of Reclamation, it's officers, officials,										-	\$5.00 per exhibitor TOTAL		
agents, employees, and volunteers. I agree to indemnify and hold harmless the above and any management, agents, or employees of the above, against any and all claims, liabilities, losses, costs, damages, and/or attorney fees incurred as a result of participation of this entry. I, my heirs, trustees, assignees, will make no claims against								NO REFUNDS FC OR MISSED		Sorry, No	Credit Cards		
them now or i insurance for unpredictable	n the future. the benefit of nature and ir	It is expressly the exhibitor. rational behave	y understood and agre I acknowledge that ec	ed that Show M quine activities a ardless of their t	anagement do re inherently c	es not maintain	ll as			☐ Checks o	r Cash Only		
Birthdate of	Minor - Age	e as of Jan.	1st	Signature of Owner					Signature of	Signature of Exhibitor			
Signature of	Parent or I	_egal Guard	dian	Owner's add	Owner's address				Exhibitor's Ac	Exhibitor's Address			
MAKE CHI BLUE RIBI		ABLE TO	AND MAIL TO:	City	State		Zip		City	State		Zip	
c/o Blue Ri		,											
15026 N. C Phoenix, A daytime pho	Z 85032			Telephone Email:				Cł IF	Email:				