

ONE OWNER PER FORM PLEASE

ASHA # _____ AMHA# _____
OWNER _____
ADDRESS _____
PHONE _____
EMAIL _____
PLEASE STABLE WITH _____

KEYSTONE CLASSIC HORSE SHOW
MAY 3-5, 2019
ENTRIES CLOSE APRIL 24, 2019
COMPLETE ENTRY BLANKS ARE APPRECIATED
ONE OWNER PER ENTRY BLANK



PLEASE MAKE CHECKS PAYABLE TO
"KEYSTONE CLASSIC HORSE SHOW"
AND RETURN WITH THIS FORM TO

Pam Turner
584 Ridge Rd
Horseheads, NY 14845
607-739-3341 or 607-731-9572
pfturner584@yahoo.com

EB #

TOTALS

HORSE #1 _____
HORSE #2 _____
STALLS@ \$120 _____
SHOW FROM TRAILER @
\$ 20 PER DAY/PER HORSE _____

OFFICE FEE
PER HORSE @ \$10 _____

CAMPER @ \$160
PER CAMPER _____

BALES OF SHAVINGS @
\$8.50 PER BALE _____

TOTAL AMOUNT DUE

**ENTRY FEES MUST BE
RECEIVED WITH ENTRIES**

ENTRY#	HORSE		REG#	SEX	DOB	SIRE	DAM
	CLASSES		SHOWN BY				
	CLASSES		SHOWN BY				

ENTRY#	HORSE		REG#	SEX	DOB	SIRE	DAM
	CLASSES		SHOWN BY				
	CLASSES		SHOWN BY				

TRAINER _____
ADDRESS _____
AMHA _____ **ASHA** _____

PLEASE INCLUDE COPY OF NEGATIVE COGGINS WITIN 12 MONTHS

RIDER #1 _____
ADDRESS _____
CITY, STATE, ZIP _____
AMHA# _____ **ASHA#** _____

RIDER #2 _____
ADDRESS _____
CITY, STATE, ZIP _____
AMHA# _____ **ASHA#** _____

OFFICE USE ONLY

REG <input type="checkbox"/>	COG <input type="checkbox"/>	RIDER #1 NEEDS THE FOLLOWING	RIDER #2 NEEDS THE FOLLOWING	OWNER NEEDS THE FOLLOWING	TRAINER NEEDS THE FOLLOWING
RABIES <input type="checkbox"/>	SIG <input type="checkbox"/>				
PAID <input type="checkbox"/>					
CK # _____					
CC _____	CREDIT CARD # _____ - _____ - _____	EX DATE _____ / _____	SEC CODE _____		

KEYSTONE CLASSIC HORSE SHOW ENTRY AGREEMENT

YOU ASSUME THE RISK OF EQUINE ACTIVITIES PURSUANT TO PENNSYLVANIA LAW

BY SIGNING THIS ENTRY, I AM ACCEPTING THE FOLLOWING TERMS AND CONDITIONS AND ACKNOWLEDGE THAT ANY ACTIVITY ASSOCIATED WITH THE HANDLING AND OR SHOWING OF HORSES IS A POTENTIALLY DANGEROUS ACTIVITY. EVERY ENTRY AT THIS SHOW SHALL CONSTITUTE AN AGREEMENT AND AFFIRMATION THAT THE PERSON MAKING IT ALONG WITH THE OWNER, LESSEE, AFFILIATING ASSOCIATIONS, THE DIRECTORS AND EMPLOYEES HARMLESS FOR ANY ACTION, INJURY OR LOSS SUFFERED DURING NEGLIGENT ACTS OR OMISSIONS OF SAID OFFICIALS, DIRECTORS, EMPLOYEES, OR AGENTS OF THE AFFILIATING ASSOCIATIONS AND OR THIS SHOW. IT IS FURTHER AGREED THAT IF ANY DAMAGE, SICKNESS, INJURY, DEATH OR LOSS OCCURS TO THE EXHIBITOR, HORSES, ANY VEHICLE OR OTHER ITEMS WHICH MAY BE SENT WITH SAID HORSE, NO CLAIM WILL BE MADE AGAINST THE SHOW. I HEREBY AGREE TO MAKE NO CLAIM AGAINST PSHA OR ANY OF ITS OFFICIALS, EMPLOYED OFFICIALS, EMPLOYEES, OR VOLUNTEER WORKERS OF THE SHOW FOR ANY ACCIDENT WHICH MAY OCCUR TO ANY RIDER, DRIVER, ATTENDANT, ANIMAL OR EQUIPMENT AT THE SHOW; NOR IS SHOW MANAGEMENT RESPONSIBLE FOR LOSS OR DESTRUCTION OF ANY EQUIPMENT OR DAMAGES TO OR BY ANIMALS AT THE SHOW GROUNDS, STABLING OR PARKING AREAS. SHOW MANAGEMENT RESERVES THE RIGHT TO BAR ANY ANIMAL, EXHIBITOR, OWNER OR SPECTATOR FOR CONDUCT NOT IN THE BEST INTEREST OF THE SHOW. EXHIBITORS ARE NOTIFIED THAT ANY ACT OF DISCOURTESY OR DISOBEDIENCE TO THE OFFICIALS BY THE OWNER, RIDER, TRAINER OR GROOM WILL DISQUALIFY HORSE OR RIDER AND THE OWNER SHALL FORFEIT ALL FEES AND PAYMENTS. HORSES THAT EXHIBIT UNCONTROLLED BEHAVIOR WILL BE ASKED TO LEAVE THE RING OR GROUNDS. MANAGEMENT RESERVES THE RIGHT TO DECLINE ANY ENTRY AND TO CANCEL, COMBINE OR DELAY ANY CLASSES AS NEEDED. OWNER, AGENT AND EXHIBITOR(S) OR (PARENT/GUARDIAN) MUST SIGN, THEREBY ACKNOWLEDGING HAVE READ, UNDERSTOOD AND AGREE TO ALL RULES AND REGULATIONS.

RIDER/DRIVER	RIDER/DRIVER	RIDER/DRIVER
NAME: _____	NAME: _____	NAME: _____
SIGNATURE: _____	SIGNATURE: _____	SIGNATURE: _____
RIDER/DRIVER	TRAINER	OWNER
NAME: _____	NAME: _____	NAME: _____
SIGNATURE: _____	SIGNATURE: _____	SIGNATURE: _____
*UNDER 18 PARENT /GUARDIAN SIGNATURE:	*UNDER 18 PARENT /GUARDIAN SIGNATURE:	*UNDER 18 PARENT /GUARDIAN SIGNATURE:
_____	_____	_____