



KEYSTONE CLASS 2026

May 1, 2026 To May 3, 2026



KEYSTONE CLASSIC HORSE SHOW 2026

NAME OF HORSE	USEF	GREEN	BREED	COLOR	SEX	HEIGHT	AGE
Horse name							

CLASSES ENTERED	NAME OF RIDER	CTZ	DOB	AGE	USEF
1,2,3					
4,5,6					

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.

Emergency Contact:

Remark:

Make checks payable to:

Pam Turner Show Services
584 RIDGE RD HORSEHEADS NY 14845 US

Credit Card:

Jane Doe
Visa xxxx-xxxx-xxxx-1234 Expiry: 01/2020
Paid: \$123.99 Ref: P999999999

QTY.	FEE DESCRIPTION	EACH	TOTAL
	ALFALFA	\$0.00	
	CAMPER	\$200.00	
1	OFFICE FEE PER HORSE	\$20.00	\$20.00
	ORCHARD	\$0.00	
	SPONSORSHIP	\$1.00	
	STALLS	\$145.00	
	TIMOTHY	\$0.00	

(* Means Required)	OWNER	TRAINER	PRIZE PAYEE	RIDER 1	RIDER 2
Name					
Street					
City					
State/Zip					
Telephone					
USEF					
SSN for payee *			*		
Signature *	*	*		*	*