

Southern Saddlebred Spring Fling

April 20-23, 2022

ENTRIES DUE April 10, 2022

One horse per entry blank. To be filled out completely including Street and Zip Code and mailed to:

Scarlett Mattson, Show Manager. 10969 East US 60, Irvington, KY 40146

Phone: 270-547-8664 Email: scarlett@bbtel.com

Make checks payable to: Southern Saddlebred

No stalls will be reserved or back numbers issued without payment. An open check or credit card is acceptable.

STALLS AVAILABLE MONDAY, 4/18. Easter Sunday early arrivals after Noon = \$25/horse.

For Office Use Only	Horse/Pony Name	Registration #
Rider/Driver/Handler		Age Jr. Exhibitor
<small>EVERY ENTRY AT A SHOW THAT PAYS THE EQUINE SPORTS COUNCIL EXHIBITION FEE AND IS EXHIBITED AND JUDGED ACCORDING TO THE ESC RULES AND GUIDELINES SHALL CONSTITUTE AN AGREEMENT AND AFFIRMATION THAT: (1) THE OWNER, AGENT, LESSEE, TRAINER, MANAGER, COACH, DRIVER AND RIDER AND ANY OF HIS/HER REPRESENTATIVES ARE BOUND BY THE SHOW RULES; (2) THAT EVERY HORSE, RIDER, AND/OR DRIVER IS ELIGIBLE AS ENTERED; (3) THEY AGREE TO ACCEPT AS FINAL THE DECISION OF SHOW MANAGEMENT ON ANY QUESTION ARISING UNDER SAID RULES, AND AGREE TO HOLD SOUTHERN SADDLEBRED SALES, INC, EQUINE SPORTS COUNCIL, THEIR OFFICIALS, DIRECTORS, AND EMPLOYEES HARMLESS FOR ANY ACTION TAKEN; (4) THAT THE OWNER, RIDER/DRIVER AND ANY OF THEIR AGENTS OR REPRESENTATIVES AGREE TO HOLD THE SHOW, EQUINE SPORTS COUNCIL, AND THEIR OFFICIALS, DIRECTORS, EMPLOYEES AND AGENTS HARMLESS FOR ANY ACCIDENT, INJURY, ILLNESS OR LOSS SUFFERED DURING OR IN CONJUNCTION WITH THE SHOW, WHETHER OR NOT SUCH ACCIDENT, INJURY, ILLNESS OR LOSS RESULTED DIRECTLY OR INDIRECTLY FROM THE NEGLIGENT ACTS OR OMISSIONS OF SAID OFFICIALS, DIRECTORS, EMPLOYEES OR AGENTS OF THE SHOW OR EQUINE SPORTS COUNCIL.</small>		
Signature of R/D/H		
<small>If Trainer/Agent signing for Owner/Exhibitor, agrees to be acting with full authority on their behalf.</small>		
CLASS #		TOTAL
ENTRY FEE		
Owner		ASHBA #
Address		City, State, Zip
Phone	E-Mail	
Owner Signature		
<small>If Trainer/Agent signing for Owner/Exhibitor, agrees to be acting with full authority on their behalf.</small>		
Make Checks Payable to:	Owner Trainer <small>Circle One</small>	Social Security Number/Tax ID
Trainer/Agent		ASHBA #
Trainer's Signature		
Address		City, State, Zip
Phone	E-Mail	
<u>QUANTITY</u>	Total Entry Fees (from above)	
	Stalls @ \$135.00 each	
	Shavings @ \$7.50 per bag	
	Sponsorship (from reverse)	
	OFFICE/ESC FEE per Performance Horse @ \$25.00ea	
	EXHIBITOR FEE @ \$25.00 - charged only once regardless of number of horses entered.	
	VIP Tables on Concourse \$350 - seats 8 - wine and food nightly	
	Box Seats (9) during horse show @ \$100ea	
	TOTAL REMITTANCE - <i>No stalls will be reserved or back numbers assigned without payment. An Open Check or Credit Card is acceptable.</i>	