

Badger Classic Horse Show
Upper Midwest ACTS Entry Form
May 25-27, 2018

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Office Use

Name of Horse _____				
CLASS #	CLASS #	CLASS #	CLASS #	Entry Fees
CLASS #	CLASS #	CLASS #	CLASS #	
EXHIBITOR _____			EXHIBITOR _____	
			DOB: / /	
Name of Horse _____				
CLASS #	CLASS #	CLASS #	CLASS #	Entry Fees
CLASS #	CLASS #	CLASS #	CLASS #	
EXHIBITOR _____			EXHIBITOR _____	
			DOB: / /	

All entries are made at the rider's/owner's/trainer's own risk with the understanding that there is an inherent risk in riding horses. Neither the Badger Classic Horse Show, Jefferson County Fairgrounds, the management, officials, nor employees will be responsible for any accident or loss which may occur to an exhibitor/animal, equipment at the Badger Classic Horse Show. Under Wisconsin Law, an equine activity sponsor or equine professional is not liable for any injury to or the death of a participant in equine activities resulting exclusively from the inherent risks of equine activities. **WI ST 895.481** ALL OWNERS, TRAINERS, RIDERS & HANDLERS MUST SIGN THIS ENTRY FORM. Each person signing this entry form acknowledges that he/she has read the above statement and agrees to the applicable terms, conditions, waivers, releases, indemnification and consent as set forth herein. Each person agrees that the information is accurate to the best of his/her knowledge.

INSTRUCTOR/TRAINER _____ Address _____ City/State _____ Zip _____ E-Mail Address _____ EXHIBITOR _____ Address _____ City/State _____ Zip _____ E-Mail Address _____ Parent/Guardian Signature _____ (Required under the 18 yrs old) STABLE WITH _____ (Please send request for joint stabling in same envelope)	<p>TOTAL CLASS FEES</p> _____ Entry Fee @ \$10/class \$ _____ _____ Stall for ACTS Horse @ 80 \$ _____ _____ Class Sponsorship @ \$25 \$ _____ Enclosed Total Fees \$ _____ Make check payable to: Badger Classic
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This show is proud to offer these ACTS classes as part of the Upper Midwest ACTS Tournament! Exhibitors placing 1-8 in their respective classes qualify to show at the ACTS Finals in September in Springfield, IL as part of the NSH Finals Show. If you have questions or would like more information, contact Rob Bick, 910-279-5289.

For Office Use Only		
Coggins / Health _____	Signatures _____	
Check # _____	Amount Received \$ _____	Credit or/Balance Due \$ _____