

Mail Entries to:
 Horse on Course Equestrian Center
 120 Spring Valley Road
 Valencia, PA 16059

Horse on Course

2009 Hunter/Jumper Schooling Show

Show Dates (please circle):
October 17-18, 2009
 November 7-8, 2009

Name of Horse	Sex	Color	Age	Height	Pony Size	NUMBER
					SM MED LG	

Rider #1 Name	DOB			Class#	Fee					Totals
	<input type="checkbox"/> Junior	<input type="checkbox"/> Amateur	<input type="checkbox"/> Professional							
Rider #2 Name	DOB			Class#	Fee					Totals
	<input type="checkbox"/> Junior	<input type="checkbox"/> Amateur	<input type="checkbox"/> Professional							

Must declare fence height upon entry in the following divisions:

Open Hunter (class #'s 16 and 17) 2'6" 2'9" 2'6" 2'9" 3'0"

Horse on Course Equitation Derby

Horse on Course, Inc., its Owners, Horse Show Managers, employees and volunteers, herein after referred to as Management, will not be responsible for any damages to person, animal, or property at the show or on the grounds, nor will they be responsible for any property lost or destroyed. Each exhibitor shall indemnify and hold harmless the Management from all claims and demands of any kind or nature arising from such exhibitor, his employees, guests, animals or property exhibiting on or in the show grounds. **YOUR SIGNATURE ON THE ENTRY FORM INDICATES YOUR ACCEPTANCE OF AND COMPLIANCE WITH THE ABOVE STATEMENT.**

**Make Checks Payable to:
 Horse on Course, Inc.**

Stable with

Total Entry Fees	\$
Grounds Fee	\$ 10.00
EMT Fee	\$ 5.00
Stall Pre-Paid \$70.00	
Overnight Stall \$50.00	\$
Day Stall \$35.00	
Day Shipper \$20.00	\$
Bedding @ \$8.00/bag	\$
TOTAL	\$
Amount Due	\$
Check #	\$
Cash	\$
Balance	\$

OWNER

TRAINER

RIDER #1 Signature: _____ Address: _____ City/State/Zip: _____ Phone: _____ Parent/Guardian Signature if under 18 _____ E-mail _____	RIDER #2 Signature: _____ Address: _____ City/State/Zip: _____ Phone: _____ Parent/Guardian Signature if under 18 _____ E-mail _____	OWNER Owner's Signature: _____ Print Name: _____ Address: _____ Phone #: _____ E-mail _____	TRAINER Trainer's Signature: _____ Print Name: _____ Address: _____ Phone #: _____ E-mail _____
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