

Office Use Only

Name: _____

Show Number: _____

THE RIDING PLACE

10TH ANNUAL 'OUT-OF-THE MUD' WINTER SCHOOLING SERIES

Oct 24th, Nov 21st, 2009; Jan 16th, Feb 13th, March 13th, April 10th, 2010

HORSE NAME (Print) _____ BREED _____ M G S

(circle one)

OWNER'S NAME (Print) _____

EXHIBITOR'S NAME (Print): _____ **CLASS NUMBERS:** _____

NO FEE DAILY HI-POINT

| | |
|--------------------------------|-------------------------------|
| SERIES HI-POINT AWARDS: | DAILY HI-POINT AWARDS: |
| English: 3 Places | English |
| Western: 3 Places | Western |
| | Beginning Rider |



ENTRY FEES:

Classes pre-entered: _____ x \$7.00 _____

Classes post entered: _____ x \$8.00 _____

Sponsorships: class #'s _____ @ \$10.00 _____

Office Fee: \$4.00 _____

Day Stalls: \$15.00 (Overnight, \$20.00) _____

TOTAL: _____

Make checks payable to: **THE RIDING PLACE**

Office use only: CHECK #: _____ CASH _____ TOTAL \$: _____

Total Paid: _____

*Series Hi-Point Awards One-Time sign-up fee: \$25.00 _____

*Make Hi-Point check payable to the **SEA SPOTS APPALOOSA CLUB**

Send entries to:

THE RIDING PLACE
4798 E. Stable Lane
Port Orchard, WA 98366

Mail: Pre-entries to be received by Friday before show or:

FAX to:
360 769-2145

Faxed entries to be received by 4:00 PM on Friday before show.

Every entry at a recognized show shall constitute an agreement and affirmation that the person making it, owner, lessee, trainer, manager, agent, coach, rider and the horse: (1) shall be subject to the rules of the show; (2) that every horse and/or rider is eligible as entered; (3) that the owner and any of his representatives are bound by the rules of the show and will accept as final the decision of the show on any questions arising under said rules and agree to hold the show, their officials, directors and employees harmless for any action taken; (4) that the owner, rider and any of their agents or representatives acknowledge that they participate voluntarily in the show fully aware that horse sports and the show involve inherent dangerous risk, and by participating they expressly assume any and all risks of injury or loss, and they agree to hold the show and their officials, directors, employees and agents harmless for any injury or loss suffered during or in connection with the competition, whether or not such injury or loss resulted, directly or indirectly from the negligent acts or omissions of said officials, directors, employees or agents of the show., The undersigned agrees to release The Riding Place and Frank and Christine Tower, from all responsibility of any loss or accident that may occur to horse, rider, handler, agent or equipment. I will waive any future claims against The Riding Place, Frank and Christine Tower or this show's employees and helpers, including members of the Sea Spots Appaloosa Horse Club.

Please **SIGN** and **PRINT** all other information legibly:

Signature of owner/exhibitor _____ Date _____ Parent/Guardian Signature for rider under age 18 _____

Address _____ Age & date of birth of Juvenile Rider _____

City, State & Zip _____ Phone Number _____

E-mail address _____