SCHOOL	T ARABIAN HORSE A ING SHOW ENT	RY FORM	For Office Use EXHIBITOR's #
PLEASE PRINT COMPLETE ALL INFORMATION			
NAME OF RIDER:		PHONE ()
ADDRESS:	C	ITY	ZIP
E-MAIL ADDRESS:			
	ınder: 14 – 17:		
NAME OF HORSE:			
BREED OF HORSE:			
HORSE OWNER'S NAME:			
Number of class tickets @ \$ 10.00 each \$			\$
We will be using the ticket system.	OFFICE FEES	S (\$10 per entry)	\$
Each entry fee will purchase you one ticket. Each ticket is good for entrance into ANY class of your choice. Simply present your ticket at the entry gate and enter the class. Tickets purchased at one schooling show may be used at any other Gold Coast schooling show that same year.	CA DRUG FEES	(\$14 per horse)	\$
	GROUND FEES	(\$25 per horse)	\$
	S	UBTOTAL FEES	\$
ALL TICKET SALES ARE FINAL ONCE YOU LEAVE THE OFFICE	# of ADD	ITIONAL TICKETS	\$
	т	OTAL FEES	\$
OFFICE USE: CASH	CLOSED CHECK #	OPEN CHE	ECK #

IN CONSIDERATION OF THE ACCEPTANCE OF THIS ENTRY, I HEREBY ENTER THE ABOVE HORSE AT MY OWN RISK AND AGREE TO BE SUBJECT TO THE SHOW RULES AND REGULATIONS OF BOTH GOLD COAST AHA AND THE SHOW FACILITY. I HEREBY RELEASE GOLD COAST AHA AND THEIR AGENTS AND THE SHOW FACILITY FROM ANY CLAIM OR LOSS TO MYSELF, AGENT, EMPLOYEES, HORSES, AND EQUIPMENT, NOR WILL I MAKE CLAIM AGAINST THEM.

MINORS MUST HAVE A RESPONSIBLE ADULT ON THE SHOW GROUNDS FOR EMERGENCY PURPOSES.

SIGNATURE OF RIDER (or parent or guardian if minor exhibitor)

DATE ____/___/____

SIGNATURE OF HORSE OWNER

DATE ____/___/____

EMERGENCY CONTACT NAME & PHONE NO:_____

(____)___