

CIRCLE SHOW/SHOWS DESIRED

CAMELOT OUTREACH SHOW

WINTER FESTIVAL I
Feb. 22-24, 2019

WINTER FESTIVAL II
March 8 - 10, 2019

SPRING FESTIVAL I
May 3-5, 2019

SPRING FESTIVAL II
May 10-12, 2019

SUMMER FESTIVAL
August 2-4, 2019

| HORSE | | | OWNER | | | TRAINER | | |
|--|----------|--|------------------|---------|---------|------------------|---------|---------|
| NAME | | | NAME | | | NAME | | |
| STABLE WITH | | | ADDRESS | | | ADDRESS | | |
| USHJA # | TIP # | | CITY, STATE, ZIP | | | CITY, STATE, ZIP | | |
| Color | Height | | EMAIL | | PHONE | EMAIL | | PHONE |
| Sex | Birthday | | B'DAY | USEF # | USHJA | B'DAY | USEF # | USHJA |
| Please Circle: PONY - Sm Med Lg JR. HUNTER - Sm Lg | | | PCHA # | SFHJA # | LAHJA # | PCHA # | SFHJA # | LAHJA # |

| RIDER ONE | | | RIDER TWO | | | PRIZE MONEY PAYEE | | |
|------------------|---------|---------|------------------|---------|---------|-------------------|--------|--|
| NAME | | | NAME | | | NAME | | |
| ADDRESS | | | ADDRESS | | | ADDRESS | | |
| CITY, STATE, ZIP | | | CITY, STATE, ZIP | | | CITY, STATE, ZIP | | |
| EMAIL | PHONE | | EMAIL | PHONE | | EMAIL | TAX ID | |
| B'DAY | USEF # | USHJA | B'DAY | USEF # | USHJA | | | |
| PCHA # | SFHJA # | LAHJA # | PCHA # | SFHJA # | LAHJA # | | | |

| RIDER ONE CLASSES | | | | | | RIDER TWO CLASSES | | | | | |
|-------------------|--|--|--|--|--|-------------------|--|--|--|--|--|
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

| MANDATORY FEES | |
|----------------|------|
| CA Drug Fee | \$5 |
| LAHJA Fee | \$3 |
| SFHJA Fee | \$3 |
| Outreach Fee | \$2 |
| Medic Fee | \$10 |

I agree to indemnify and save harmless Camelot Events, Inc., SFVHSA, LAHJA, LAEquestrian Center, The City Of Los Angeles, Camelot Riding Club, their directors, officers, members, employees, owners, and agents thereof from and against any and all loss, costs or expenses, or any claim thereof, of whatever nature arising or to arise, for and on account, or by reason of engaging in the sport of riding horses on the property. I realize that riding and/or jumping is a dangerous sport and can result in injury or death, and I assume all responsibility for such on behalf of myself, my children, my trainer, and anyone in my party.

Signature of Owner _____ Signature of Trainer _____

Print Name _____ Print Name _____

Signature of Rider _____ Print Name _____

I hereby represent and agree that in the event that the signatures hereby made are made for and on behalf of a rider under the age of 21 years, that I am one of the parents of such minor, or duly appointed legal guardian of such minor, and I further hereby represent and agree that in the event that the entry hereby made for and on behalf of another person other than a minor under the age of 21 years; I have full authority and privilege from such other person to make such entry for and on behalf of such other person.

Parent/Guardian of Minor _____ Print Name _____

EMERGENCY PHONE NUMBER _____ Print Name _____

| HORSE SHOW FEES | |
|--|-------|
| Weekend Stall (Thurs. -Sun.) | \$250 |
| Weekend Stall (Sat. &Sun.) | \$150 |
| Weekend Stall after closing date (Sat-Sun) | \$250 |
| Day Stall (Valid 1 Day Only) | \$75 |
| Grounds Fee (Horses Not Requiring a stall) | \$50 |
| Non-Showing Horse | \$50 |
| Registration Fee (\$50 applied to entries if received by closing date) | \$100 |
| Ticketed Warm-Up Tickets @ \$10 each | \$10 |
| RV per Night incl. electric & water | \$50 |
| Ticketed Schooling Tickets @ \$10 each | _____ |
| TOTAL _____ | |

| CREDIT CARD INFO | |
|------------------|---------|
| NAME | EXPIRES |
| NUMBER | CVC# |
| SIGNATURE | ZIP |

Mail to: Denise Wiemers, P.O. Box 4036, Sunland, CA 91041 or Fax to: 818/360-2332

For each horse entered send only \$100 deposit and the fee for each stall ordered, along with your completed entry blank.

Completed entries recieved by Feb. 11 & 25 for the Wintretr Festivals I & II, by April 22 & 29 for the Spring Festivals I & II, and July 22 for the Summer Festival, will have \$50 credited toward their entries.