CAMELOT CLASSIC ON THE GRASS OUTREACH SHOW

OCTOBER 10-13, 2019

HORSE

NAME

STABLE WITH

USHJA # | TIP #

Color | Height

Sex | Birthday

Please Circle: PONY - Sm Med Lg JR. HUNTER - Sm Lg

OWNER

NAME

ADDRESS

CITY, STATE, ZIP

EMAIL | PHONE

B'DAY | USEF # | USHJA

PCHA # | SFHJA # | LAHJA #

TRAINER

NAME

ADDRESS

CITY, STATE, ZIP

EMAIL | PHONE

B'DAY | USEF # | USHJA

PCHA # | SFHJA # | LAHJA #

RIDER ONE

NAME

ADDRESS

CITY, STATE, ZIP

EMAIL | PHONE

B'DAY | USEF # | USHJA

PCHA # | SFHJA # | LAHJA #

RIDER TWO

NAME

ADDRESS

CITY, STATE, ZIP

EMAIL | PHONE

B'DAY | USEF # | USHJA

PCHA # | SFHJA # | LAHJA #

PRIZE MONEY PAYEE

NAME

ADDRESS

CITY, STATE, ZIP

EMAIL | TAX ID

RIDER ONE CLASSES

RIDER TWO CLASSES

MANDATORY FEES

CA Drug Fee	$5
SFHJA Fee	$3
Outreach Fee	$2
Medic Fee	$10
Show parking permit (daily parking permit $15)	$45

HORSE SHOW FEES

Show Stall (Wed. -Sun.)	$250____
Weekend Stall after closing date	$300____
Day Stall (Valid 1 Day Only)	$75____
Grounds Fee (Horses Not Requireing a stall)	$60____
Non-Showing Horse	$50____
Registration Fee *($50 applied to entries if received by closing date)*	$100
Late Entry (entering at show)	$50____
Ringside VIP Cabanna (bring comfy furniture)	$300___
VIP Parking	$150___

TOTAL _____

I agree to endemnify and save harmless Camelot Events, Inc., SFJHA, PCHA, USEF, USHJA, Santa Barbara Polo & Racquet 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 spont 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 _____ **Sigature of Trainer** _____

Print Name _____ **Print Name** _____

Signature of Rider _____ **Print Name** _____

I hereby reprent 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 athority 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** _____

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

CREDIT CARD INFO

NAME | EXPIRES

NUMBER | CVC#

SIGNATURE | ZIP

For each horse entered send only $100 deposit and the fee for each stall ordered, andf any Nominating Fee (if any) along with your completed entry blank.

Completed entries recieved by September 16, 2019 will have $50 credited toward their entries.