

CIRCLE SHOW DESIRED

**CAMELOT OUTREACH SHOW**

**AUTUMN CLASSIC - November 7 - 10, 2019**

**AUTUMN JUBILEE - November 21-24, 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	Birth day	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, LA Equestrian Center, The City Of Los Angeles, 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 repent 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
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 Oct. 20 for the Autumn Classic., and by Nov. 4 for the Autumn Jubilee will have \$50 credited toward their entries.