

CIRCLE SHOW DESIRED

**CAMELOT OUTREACH SHOW**

Mail to: Alison Gerami, 24431 Chancelor Court, Laguna Hills, CA 92653 or Email -CamelotEntries@gmail.com

**SPRING FESTIVAL I**

**SPRING FESTIVAL II**

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	Birthdate		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	\$8
LAHJA Fee	\$3
SFHJA Fee	\$3
Outreach Fee	\$2
Medic Fee	\$15

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 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 (Fri. -Sun.)	\$175
Weekend Stall after closing date (Fri -Sun)	\$225
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)	\$115
Ticketed Warm-Up Tickets @ \$15 each	_____
RV per Night incl. electric & water	\$60
TOTAL _____	

CREDIT CARD INFO	
NAME	EXPIRES
NUMBER	CVC#
SIGNATURE	ZIP

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For each horse entered send only \$125 deposit and the fee for each stall ordered, along with your completed entry blank. Completed entries recieved by April 20 & April 27 for the Spring Festivals I & II will have \$50 credited toward their entries.