

# The Camelot Classic Outreach Entry 2020

*All Entries must be electronic: send to CamelotEntries@gmail.com (or enter through www.horseshowtime.com or www.equestrianconnect.com)*

*If signatures must be sent - 24431 Chancellor Court, Laguna Niguel, CA 92653*

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 #	USEF #	USHJA #
CHIP		PCHA #	SFHJA #	PCHA #	SFHJA #

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	<b>MANDATORY FEES</b>	
PCHA #	SFHJA #		PCHA #	SFHJA #			

CA Drug Fee	\$8
SFHJA Fee	\$3
Medic Fee	\$15
USHJA Outreach Fee	\$2

RIDER ONE CLASSES										RIDER TWO CLASSES									

I agree to indemnify and save harmless Camelot Events, SFHJA, PCHA, SBCRC, Earl Warren Showgrounds, The State State of California, 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	\$275 _____
Weekend Stall after Sept. 20	\$325 _____
Day Stall (valid 1 Day Only if available)	\$75 _____
Grounds Fee (Horses not Requiring a stall)	\$50 _____
Registration Fee (\$50 Applied to entries if received by Sept. 20)	\$100 _____
Covid-19 Fee	\$15 _____

CREDIT CARD INFO	
NAME	EXPIRES
NUMBER	CVC#
SIGNATURE	ZIP

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 Sept. 20 will have \$50 credited toward their entries. For Info: Alison Gerami 909/260-9221