

# THE CAMELOT AUTUMN JUBILEE OUTREACH ENTRY

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

If entries must be mailed- 24431 Chancellor Court, Laguna Niguel, CA 92653

## HORSE

NAME \_\_\_\_\_

STABLE WITH \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

U.S.H.J.A. # \_\_\_\_\_ TIP # \_\_\_\_\_

Color \_\_\_\_\_ Height \_\_\_\_\_ PHONE \_\_\_\_\_

Sex \_\_\_\_\_ Birthday \_\_\_\_\_ B'DAY \_\_\_\_\_ USEF # \_\_\_\_\_ U.S.H.J.A. # \_\_\_\_\_

CHIP \_\_\_\_\_ PCHA # \_\_\_\_\_ SFHJA # \_\_\_\_\_

## OWNER

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_

B'DAY \_\_\_\_\_ USEF # \_\_\_\_\_ U.S.H.J.A. # \_\_\_\_\_

PCHA # \_\_\_\_\_ SFHJA # \_\_\_\_\_

## TRAINER

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_

B'DAY \_\_\_\_\_ USEF # \_\_\_\_\_ U.S.H.J.A. # \_\_\_\_\_

PCHA # \_\_\_\_\_ SFHJA # \_\_\_\_\_

## RIDER ONE

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_

B'DAY \_\_\_\_\_ USEF # \_\_\_\_\_ U.S.H.J.A. # \_\_\_\_\_

PCHA # \_\_\_\_\_ SFHJA # \_\_\_\_\_

## RIDER TWO

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_

B'DAY \_\_\_\_\_ USEF # \_\_\_\_\_ U.S.H.J.A. # \_\_\_\_\_

PCHA # \_\_\_\_\_ SFHJA # \_\_\_\_\_

## PRIZE MONEY PAYEE

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_ TAX ID \_\_\_\_\_

## RIDER ONE CLASSES


## RIDER TWO CLASSES


## MANDATORY FEES

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

## 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) \$60  
 Registration Fee (\$50 Applied to entries if received by Sept. 20) \$125  
 Covid-19 Fee \$15

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 \_\_\_\_\_

## CREDIT CARD INFO

NAME \_\_\_\_\_ EXPIRES \_\_\_\_\_

NUMBER \_\_\_\_\_ CV/C# \_\_\_\_\_

SIGNATURE \_\_\_\_\_ ZIP \_\_\_\_\_

For each horse entered send only \$125 deposit and the fee for each stall ordered, along with your completed entry blank. Completed entries received by Nov. 2 will have \$50 credited toward their entries. For Info: Alison Gerami 909/260-9221