

Stable With: _____

SEND: Entry, Check and Proof of Coggins to:
 Alice Lear and out of state – health
 certificate
 36 Radford Road
 Hastings, MN 55033

**\$5.00 Late Fee will be charged for Entries received at Show
 Equitation Classes \$10.00 Performance classes \$15.00**

**651-895-5402 email: learalice71@gmail.com
 Please call Secretary with Stall and Shavings Order**

OFFICE #	HORSES NAME (no more than 3) & ASR Reg. #	RIDER/DRIVER (w/City/State & ASHA Member #)	Jr Rider Age/ B/D		Class	Class	Class	Class	Class	TOTAL FEES
				Class #'s						
				Fees						
				Class #'s						
				Fees						
				Class #'s						
				Fees						

This Washington County Fair English Horse Show, its employees or the owners of the show grounds, will not be responsible for any loss, personal injury or damage to horses exhibited or for any article of any kind or nature that may be lost or destroyed or in any way damaged. Each exhibitor will be responsible for any injury that may be occasioned to any person or any animal or damage to any property while on the grounds by any horse owned or exhibited by him and shall indemnify the management and its staff against all legally established claims or damages of any kind or nature that may grow out of any injury occasioned by horse owned or exhibited by him. Presentation of this entry blank shall be deemed acceptance of these rules. The terms listed above are accepted by the undersigned.

THIS ENTRY FORM MUST BE SIGNED BY OWNER OR AGENT TO BE HONORED.

Owner or Agent's Signature _____

Owner Name (print) & ASHA Member # _____

Address _____
 City: _____ State/Zip _____ Tel # _____

Trainer Name & ASHA Member # _____

 Rider 1 Signature

 Rider 2 Signature

 Rider 3 Signature

Signature is required of Parent(s) or Guardian(s) (if exhibitor(s) under 18 years of age)