Entry

Silver Moon Show Series Entry



628 Orchard Road, Reinholds, PA 17569

Entry Information													
Circle a Show Date													
June 5 (Hunt/Eq) June 26 (Hunt/Eq)) August 7 (I	August 7 (Hunt/Eq) September 18 (Derby/Eq/Jumper Challeng						ge) October 2 (Hunt/Eq) October 30 (Hunt/Eq)					
		·						- 1.					
June 6 (Jumpers) June 27 (Jumpers)) August 8 (J	T				r 3 (Jumpers)							
Horse/Pony Name				Sex Heig			eight Age			Color			
									<u> </u>				
Owner Name	wner Name Owner Phone Numb			Owner Email			Owner Address			Owner City/State/Zip			
	<u> </u>												
Rider Name	Silver Mo	on Member	ail Address			Rider DOB			Rider Age				
	Yes	☐ No											
Rider Address		r City/State	Rider Phone Number			Rider Emergency Pho			ne Number				
		-						•					
Trainer Name	Trainer Phon	e Number		Trainer			r Address Trai			iner City/State/Zip			
Trainer Name Trainer Phone Number Trainer Email						-					e. e.e,, e.e.e, =.p		
					ı					Qty	1		
Rider Classes (by number)						Sh	Show Fees				Amount		
							Hunter/Jumper/Eq Pre-Entry (\$15)						
							Hunter/Jumper/Eq Post-Entry (\$18)						
Release							Medal Class Pre-Entry (\$20)						
I am an adult over 18 years of age and I am executing this release of claim on my own behalf and/or on behalf of my minor child, and on behalf of my heirs, personal representatives and assigns.							Medal Class Post-Entry (\$25)						
I understand that horseback riding is a dangerous sport and that serious injury and disability and/or death may result from accidents while							Office Fee (1 paid per rider)				\$15.00		
riding. I acknowledge the risk I undertake for myself and/or my minor child while riding. I do so voluntarily and agree to release The Silver Moon Show Series, the host farm, its trainers, and its agents, servants and employees from any claims I may have resulting from injury to me or to my minor child. In the event I allow my minor child to ride, I also assume the risk of injury, disability or death of my said child.							Office Fee (1 paid per rider)				713.00		
							TOTAL						
I execute this release and disclosure knowingly and i	n consideration of b	eing allowed to	participate in the Si	ilver Moon Show Series.									
						Cł	necks pa	yable to:					
							Holly Schnader (30\$ charge for returned checks)						
Printed Name (Parent or guardian if under 18) Signature (Parent or guardian if under 18) Date							Office Use Only						
Signature (rarent or guardian in direct 10)						Ca	Cash: Check: Check \$:						