

ASAW SUMMER SHOWCASE HORSE SHOW 2018

ONE OWNER PER ENTRY BLANK

ENCLOSED COPY OF REGISTRATION PAPERS SHOWING PROOF OF CURRENT OWNERSHIP FOR EACH SADDLEBRED AND HORSE ENTERED. A CURRENT NEGATIVE COGGINS TEST, AND A COPY OF CURRENT UPHA MEMBERSHIP CARD WITH DEPOSIT. NO ENTRIES PROCESSED UNTIL MONEY RECEIVED. NO REFUND ON STALL FEES.

OWNERS NAME: _____

ENTRIES CLOSE: AUGUST 3, 2018

	NAME OF HORSE	AGE	COLOR	SEX	HT	HORSE REG	RIDER/DRIVER NAME	CLASS	CLASS	CLASS	CLASS	CLASS

Every entry at this Show shall constitute an agreement and affirmation that the person making it along with the owner, lessee, trainer, manager, agent, rider, and the horse shall be subject to the local rules of the show; that every horse and rider is eligible as entered and that the owner and any of his representatives are bound by the rules of the show and of the show and will accept as final the decision of the judge on any question arising under said rules and agree to hold the show, their officials, directors, and employees harmless for any action taken; that the owner and rider and any of their agents or representatives agree to hold harmless the show, and their officials, directors, employees, and agents for any injury or loss resulting directly or indirectly from the negligent acts of omissions of said officials, directors, employees, or agents of the show.
Further, the undersigned agrees to hold ASAW and Ozaukee County Fair Grounds, their employees, and show management harmless for lost, damaged, or stolen property and for any injury to horse, exhibitors, and spectators before, during, and after show.

MAKE CHECKS PAYABLE TO:

ASAW

MAIL ENTRIES TO:

Vicky Holston

N7887 Maple Ridge Rd.

Oconomowoc, WI 53066

at 262-560-9764 or by

email: vholston@msn.com

www.horseshowcalendar.com

Stalls available

Friday, August 10, 2018

after 12 Noon

FOR OFFICE USE

Check No. _____

Amount _____

EB# _____

Qty		Fee	Total
	Classes	\$30 each	
	Championships	\$35 each	
	Post Entry	\$40 class	
	Box Stalls Tack Stalls	\$115 wknd	
	Office Fee	\$15 rider	
	Bedding	\$10 Bag	
	Sponsorship	\$35 each	
TOTAL CHARGES			

Trainer: _____

Owner: _____

Address: _____

Phone: _____ email _____

Stable with: _____

Exhibitor Signature (Parent/guardian if minor)