## **IASPHA Horse Show Series 2020**

## ONE OWNER PER ENTRY BLANK

ENCLOSE COPY OF REGISTRATION PAPERS SHOWING PROOF OF CURRENT OWNERSHIP FOR EACH HORSE ENTERED, HEALTH CERTIFICATE AND NEGATIVE COGGINS, PROOF OF RHINO/FLU VACCINATION WITHIN 6 MONTHS OF ENTERING STABLES. NO ENTRIES PROCESSED UNTIL STALL MONEY IS RECEIVED. NO REFUNDS ON STALL FEES.

	OVVIN	IER S NAIVIE:						Stalls Available Thursday					
7	*	NAME OF HORSE	AGE	COLOR	SEX	HT	HORSE REG.	RIDER/DRIVER NAME	CLASS	CLASS	CLASS	CLASS	CLASS
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/ entry a	at this Show	shall constitute an agreement and affirmation the	at the person	making it	along wit	h the own	er	1		ı			
e, train	er, manager	r, agent, rider, and the horse shall be subject to the and that the owner and any of his representative.	ne local rules o	of the sho	w; that ev	ery horse	and NAME	CHECKS PAYABLE TO:	Qty		•	Fee	Total
		ed and that the owner and any of his representation of the judge on any question arising under sa					u wiii	IASPHA		Classes		\$35	

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 wil 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 or omissions of said officials, directors, employees, or agents of the show. Further, the undersigned agrees to hold IASPHA, 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 the show.

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Every entry at a show that pays the Equine Sports Council exhibition fee and is exhibited and judged according to the ESC rules and guidelines shall constitute an agreement and affirmation that: (1) the owner, agent, lessee, trainer, manager, coach, driver and rider and any of his/her representatives are bound by the show rules; (2) that every horse, rider, and/or driver is eligible as entered; (3) they agree to accept as final the decision of show management on any question arising under said rules, and agree to hold the show, Equine Sports Council, their officials, directors, and employees harmless for any action taken; (4) that the owner, rider/driver and any of their agents or representatives agree to hold the show, Eqyine Sports Council, and their officials, directors, employees and agents harmless for any injury or loss suffered during or in conjunction with the show, whether or not such injury or loss resulted directly or indirectly from the negligent acts or omissions of said officials, directors, employees or agents of the show or Equine Sports Council.

Owner:		
Phone:		
Exhibitor Signature (Parent/	guardian if minor)	

MAIL ENTRIES TO: Sue Hillegonds, Show Secretary 814 Grandview Dr. Crystal Lake, IL 60014 847-702-3606 hillegondss@prodigy.net

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**Entries Close:** 

Spring Show: April 6 Summer Show: July 20 Fall Show: October 12

FOR OFFICE USE
Check No.
Amount
EB#

Qty		Fee	Total
	Classes	\$35	
		each	
	Championships	\$45	
		each	
	Post Entry	\$50	
		Horse	
	Box Stalls	\$115	
	Tack Stalls	\$115	
	Office Fee per rider	\$25	
	ESC Fee per horse	\$15	
	Bedding per bag	\$10	
	RV Hookup per day	\$25	
·	Sponsor per class	\$45	·
	Non-member fee	\$35	
	TOTAL CHARGES		

Stable with:	

## **ACADEMY ENTRY FORM**

## **IASPHA Horse Show Series 2020**

(See Other Side For Show Horse Entry Form)

					Age Must Be Includ	ded				
Office Use	Class No.				Name of Horse	Rider's Name	Age	Entry Fee		
							<u> </u>			
I hereby certify that every horse and/or rider is eligible as entered. I make these entries at my own risk and am subject to the rules of the show, I agree for myself and my representatives to be bound thereby. I hereby engage to be responsible for any injury or damage that may occur						Qualifier Class@ \$35.00	class			
						Championships @ \$45.00	class			
to or be cause	ed by a	ny anin	nal ridd	en by m	ne. The undersigned agrees to hold IASPHA, their	Office Fee@ \$25.00	rider			
employees, and show management harmless for loss or injury to any horse or rider.						ESC Fee@ \$5.00	rider			
					e Sports Council exhibition fee and is exhibited and delines shall constitute an agreement and	Stalls@ \$115.00				
affirmation th	at: (1)	the ow	ner, age	ent, less	see, trainer, manager, coach, driver and rider and	Bedding@ \$10.00 each				
	-				by the show rules; (2) that every horse, rider, and/or to accept as final the decision of show management	Total Enclosed				
on any question arising under said rules, and agree to hold the show, Equine Sports Council, their officials, directors, and employees harmless for any action taken; (4) that the owner, rider/driver and any of their agents or representatives agree to hold the show, Eqyine Sports Council, and their officials, directors, employees and agents harmless for any injury or loss suffered during or in conjunction with the show, whether or not such injury or loss resulted										
						Make checks payable to IASPHA.				
						Open check must be left at Show Office before				
directly or ind	lirectly	from th	ne negli	gent ac	ts or omissions of said officials, directors, employees	start of the show. Multiple entries may be made				
or agents of t	ne snov	w or Eq	uine Sp	orts C0	uncii.	on one entry blank. Have each pers				
Stable owner or agent signature						Academy classes will be closed at 26 entries.				

Rider or minor's parent/guardian signature \_\_\_\_\_ Rider or minor's parent/guardian signature \_\_\_\_\_\_ Rider or minor's parent/guardian signature \_\_\_\_\_ Rider or minor's parent/guardian signature \_\_\_\_\_ Rider or minor's parent/guardian signature \_\_\_\_\_\_ Rider or minor's parent/guardian signature \_\_\_\_\_\_ Rider or minor's parent/guardian signature \_\_\_\_\_

Mail to: Sue Hillegonds 814 Grandview Dr. Crystal Lake, IL 60014 hillegondss@prodigy.net