



Raise the Bar H/J Entry Blank

(one entry per horse/rider combo)

Show Date (circle one) **March 14** **April 11** **May 9** **June 14**

Rider Name _____ Horse Name _____

Rider Division (Check one)

- 16 yrs & Under
 17–21 yrs
 Adult Amateur
 Open

Address _____ City _____ State _____ Zip _____

Rider Phone _____ Email _____

Horse's Owner _____ Owners Email _____

Trainer's Name: _____ Trainer's E-Mail: _____

Emergency Contact _____ Stabling Group _____

Classes Entered – Please circle division or individual classes (\$18/class; or \$80/hunter division)

Walk Poles/Leadline (\$18/class)	1	2	3		
Trot Pole Division (\$80/division)	4	5	6	7	8
Crossbar Hunter (\$80/division)	9	10	11	12	13
18" - 2' Very Low Hunter (\$80/division)	14	15	16	17	18
2-2'3" Low Hunter (\$80/division; \$45 for pros)	19	20	21	22	23
2'3" - 2'6" Medium Hunter (\$80/division; \$45 for pros)	24	25	26	27	28
2'6" - 2'9" High Hunter (\$80/division; \$45 for pros)	29	30	31	32	33
2'6"-3' Jumper Division (\$35/division)	34	35			
3'-3'6" Jumper Division (\$35/division)	36	37			

Class Fees \$ _____

Office/awards Fee (\$25/horse) \$25 _____

Stall _____

Total Fees \$ _____

Make Checks payable to Silver Wind Stable 3420 E. 40th Edmond, OK 73013

Or scan and email to gtgray@aol.com and paypal to gtgray@aol.com

Or enter online at horseshowoffice.com

THIS IS A RELEASE OF LIABILITY. READ BEFORE SIGNING.

I understand that this is a high risk sport. I hereby assume all risks and further do hereby release and hold harmless Silver Wind Stables and Horse Show Consulting, LLC and their associates from liability for negligence resulting in accidents, damage injury, or illness to myself and to my property, including the horse(s) which I will ride. I agree to wear protective headgear while riding which meets the standards currently imposed by US Equestrian Federation. I have read and do understand and agree to all the above information. My signature below is an affirmation of my agreement.

Rider Signature (*Guardian Signature, if under 18*)