S.S.R.W.S.H.A. - Clarcona Show

PLEASE *COMPLETE* THIS FORM & PRE-ENTER

BY FAX:(352)796-0298 OR BY MAIL: P.O. Box 10357 BROOKSVILLE, FL. 34603

DATE: _____ **Entry Form - One Per Horse** BACK # _____

__Walking Horse Registration # _____ - _____ Padded - _____ Flat Shod

__Racking Horse Registration # _____ - _____ Padded - _____ Flat Shod

__Spotted Horse Registration # _____

Horse's Name: _____

Rider: SSRWSHA member _____ non-member _____ Owner: SSRWSHA member _____ non-member _____

Name of Owner: _____ Address: _____

State & Zip: _____ Phone: _____

Trainers Name: _____ Address: _____

Trainers #: Walking Racking Spotted

Class #	Horses Reg#	Name of Rider	Rider Card #	Fee

Charges: _____ _____ Page Total Charge: _____ Class fees_____

Other Charges: Card Applies., etc..... _____ Affiliation Fee: $6.00

Credits:_____ Tack Stall _____Stall Fee: $30.00

Total: _____

I hereby certify that every horse is eligible as entered and sound and I agree to abide by the rules of the National Horse Show Commission (NHSC). All decisions of the NHSC will be final. Exhibitor, trainer or agent must sign entry blank or class sheet. If not signed, the first entrance into the ring as an exhibitor shall be construed as acceptance of this and all other rules. The NHSC, The Sunshine State Racking, Walking & Spotted Horse Association, or The Clarcona Horsemen's Park assumes no liability for injury to horses, exhibitors or spectators or for loss or damage to property or for any accident or theft occurring at this horse show.

Signature of Owner / Exhibitor: _____