

ONLY ONE OWNER PER FORM

USEF NON-RECOGNIZED CLASSES ONLY

PRE-ENTRIES CLOSE JUNE 20, 2019

OWNER		
Print Name of Legal Owner		
Signature of Owner or Agent		
Address of Owner or Agent		
City	State	Zip
Phone No. of Owner		

Academy, Opportunity & Miscellaneous Classes

COMPLETE BOTH SIDES OF THIS FORM

SANTA BARBARA NATIONAL
JULY 4-7, 2019
FOR MORE INFORMATION CALL:
LANCE BENNETT 760-525-8933 OR
EMAIL iinglebellhorseshow@yahoo.com

TRAINER		
Trainer's Name		
Trainer's Signature (If no Trainer, Owner Must Sign - Mandatory)		
Address of Trainer		
City	State	Zip
Phone No. of Trainer		

HORSE #	NAME OF HORSE (Class Number Under Name, One Class Per Square)	TOTAL FEES	DESCRIPTION		REG. NO. IF APPLICABLE	RIDER, DRIVER OR HANDLER
			Sex:	Age:		
			Color:	Height:		
			Sex:	Age:		
			Color:	Height:		
			Sex:	Age:		
			Color:	Height:		
			Sex:	Age:		
			Color:	Height:		

OFFICE USE ONLY	
AMOUNT PAID _____	
FOR #S _____	
CHECK # _____	
RECEIPT _____	
REG PAPERS _____	
OPEN CHECK _____	

Birthdate of Junior Rider _____
Signature of Minor's Parent or Guardian _____
FOR RIDERS ENTERED IN AMATEUR CLASSES
Signature of Amateur Rider _____

FOR STALL AND BOX SEAT RESERVATIONS CALL:
LANCE BENNETT 760-525-8933

ENTRY FEES	\$ _____
# _____ POST ENTRY FEE \$35 PER HORSE	\$ _____
# _____ OFFICE FEE/FIRST AID \$50 PER OWNER	\$ _____
# _____ STALLS \$150 (NO FIRST BEDDING)	\$ _____
# _____ ACADEMY/PONY STALLS \$95 (NO FIRST BEDDING)	\$ _____
# _____ EARLY ARRIVALS \$25 (PER DAY, PER STALL)	\$ _____
# _____ NON-STABLING FEE \$40 (PER HORSE PER DAY)	\$ _____
# _____ CA DRUG FEE \$5/horse	\$ _____
# _____ PREMIUM SEATING \$400/\$350/\$300	\$ _____
# _____ SPONSORSHIPS	\$ _____
TOTAL ENCLOSED: _____	
STABLE WITH : _____	

MAIL ENTRIES TO:
 Scott Hickey
 PO Box 1064
 Bonsall, CA 92003

**NO ENTRIES ACCEPTED UNLESS
 ACCOMPANIED BY AN OPEN CHECK**

SIGNATURES REQUIRED IN THREE (3) PLACES (AT X) BELOW

ENTRIES NOT SIGNED WILL NOT BE ACCEPTED

Carefully READ this Agreement BEFORE SIGNING

Every entry made on this entry blank shall constitute an agreement and affirmation that all participants (which shall include, without limitation, the owner, lessee, trainer, manager, agent, coach, driver, rider, handler and the horse) for themselves, their principles, representatives, employess and agents: (1) shall be subject to the rules of the Diamond Jubilee Horse Show and the Del Mar Horsepark, and will accept as final the decision of the hearing committee on any questions arising under said rules, and agree to hold the above, its officers, directors, and employees, harmless for any action taken and (2) agree that they participate voluntarily in the competition fully aware that horse sports and the competition involve inherent dangerous risk of serious injury or death and by participating they expressly assume any and all risks of injury or loss and they agree to indemnify and hold the Diamond Jubilee Horse Show and the Del Mar Horsepark, and their officers, directors, employees and agents harmless from and against all claims including any injury or loss suffered during, or resulted, directly or indirectly, from the

negligent acts or omissions of said officers, directors, employees or agents of the Diamond Jubilee Horse Show and the Del Mar Horsepark.

The signatures of each side of this entry form indicate that each of us has read and understands the above.

I hereby represent and agree that in the event that the entries hereby made are made for and on behalf of an exhibitor under the age of 21 years, that I am one of the parents of such minor, or duly appointed legal guardian of such minor, and I further hereby represent and make this entry for and on behalf of such minor, and I further hereby represent and agree that in the event that the entry hereby made for and on behalf of another person other than a minor under the age of 21 years; I have full authority and privilege from such other person to make such entry for and on behalf of such other person.

X _____ SIGNATURE OF PARENT OR GUARDIAN OF MINOR EXHIBITOR	_____ BIRTHDATE OF JUNIOR EXHIBITOR
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Rider/Driver/Handler #1

X _____ ADULT SIGNATURE OF RIDER, DRIVER, HANDLER

Print Rider/Driver/Handler #1

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Rider/Driver/Handler #2

X _____ ADULT SIGNATURE OF RIDER, DRIVER, HANDLER

Print Rider/Driver/Handler #2

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

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