PAPER ENTRIES FOR PRE-ENTRY ONLY. PAPER ENTRIES NOT EXCEPTED AFTER JUNE 21, 2024

ONLY ONE OWNER PER FORM OWNER					SANTA BARBARA NATIONAL JULY 3-6, 2024 FOR MORE INFORMATION CALL: LANCE BENNETT 760-525-8933 OR EMAIL ranchovista@sbcglobal.net				PRE-ENTRIES CLOSE JUNE 21, 2024 TRAINER		
									Trainer's Name		
									Trainer's Signature (If no Trainer, Owner Must Sign - Mandatory) Address of Trainer City State Zip		
Sity State Zip											
HORSE # (Class Number Under Name, One Class Per Square)										Phone No. of Trainer G. NO. RIDER, DRIVER OR HANDLER PLICABLE	
	(Class Nur	nder Under Nan	ne, One Class P	er Square)				IF APPL	ICABLE		
					-	Sex:	Age:				
						Color:	Height				
						Sex:	Age:				
						Color:	Height				
						Sex:	Age:				
						Color:	Height				
						Sex:	Age:				
						Color:	Height				
						Sex:	Age:				
						Color:	Height				
			1					1		OST ENTRY FEE \$50 PER HORSE	\$ \$
OFFICE USE ONLY AMOUNT PAID Birthdate of Junior				Rider					FFICE FEE \$75 PER OWNER	\$	
AMOUNT PAID Birthdate of Junior F FOR #S								NCOMPLETE ENTRY FEE \$25 PER HORSE TALLS \$185 (no first bedding)	\$ \$		
CHECK #				Signature of Minor's	s Parent or Guardian					CADEMY/PONY STALLS \$100 (NO FIRST BEDDING)	
RECEIPT				FOR RIDERS E	NTERED IN AM	ATEUR CLASS	ES		#E	ARLY ARRIVALS \$35 (PER DAY, PER STALL)	\$
	REG PAPERS	3		Signature of Amate	eur Rider					ON-STABLING FEE \$40 (per horse per day) DAY STALL (no overnight) \$50 (per horse per d.	\$ AY \$
					DING, FEED, AND STALLS CALL					CA DRUG FEE \$14/horse	\$
							760-525-89			REMIUM SEATING \$400/\$350/\$300	\$
1	MAIL ENT	RIES TO	:						#S	PONSORSHIPS	\$
				Checks Payable to: 19th DAA				TOTAL E	ENCLOSED:		
								STABLE	WITH :		
	Bonsall, C	A 92003									

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 Santa Barbara National Horse Show and Earl Warren Showgrounds, and will accept as final the decision of the hearing committee on any questions arising under said rules, and afree 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 Santa Barbara National Horse Show and Earl Warren Showgrounds, 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 Santa Barbara National Horse Show and Earl Warren Showgrounds.

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
ADULT SIGNATURE OF RIDER, DRIVER, HANDLER
Print Rider/Driver/Handler #1 Name: Address: City/State/Zip: Telephone:

Rider/Driver/Handler #2

Didar/Driver/Handler #1

ADULT SIGNATURE OF RIDER, DRIVER, HANDLER

Print Rider/Driver/Handler #2

Name:_____

Address: _____

City/State/Zip:

Telephone: