

ONE HORSE PER ENTRY
 MAKE CHECKS PAYABLE TO:
 \$ per class / \$ per medal

MAIL TO:
 Fax to:

<i>For office use only</i>	NUMBER

RIDERS CHJA NUMBER _____ OWNERS CHJA NUMBER _____

CLASSES			HORSE	RIDER	OWNER	FEES
Stall Reservations:					EMT Fee \$ Per Rider	
No. of stalls needed: _____					Office Fee \$ Per Entry	
Stable with: _____					Late Entry Fee \$	
					Stall \$	
					TOTAL	

I hereby indemnify and hold harmless . CHJA and its Board of Directors, from any liability arising from accident, injury, theft or damage to me, my representatives or helpers, all equipment and all animals under my jurisdiction during this show.

WARNING

Under Colorado Law, an equine professional is not liable for injury to or death of a participant in equine activities from the inherent risks of equine activities, pursuant to section 13-21-119, Colorado Revised Statutes

SIGNATURES:

RIDER _____
 PARENT/GUARDIAN _____
 OWNER/AGENT _____
 TRAINER _____

ADDRESS _____
 CITY _____
 STATE _____ ZIP _____
 PHONE _____

PLEASE CIRCLE YOUR AGE GROUP

11 & U 12-14 15-17 18-35 36 & Over

PLEASE CIRCLE YOUR PONY SIZE

SMALL MEDIUM LARGE