|                           |             | www.horses |            |           | August In Stride<br>Invitational August 12-14th<br>2022<br>Fox Hill Equestrian Center |     |     |                      |       | deadline    | Entry Deadline August 8th 5 p.m Post<br>deadline entries may be declined -No day<br>of show entries accepted |     |                  |      |            |  |
|---------------------------|-------------|------------|------------|-----------|---|-----|-----|----------------------|-------|-------------|--|-----|------------------|------|------------|--|
| Horse CHJA #              | Horse Name: | _          |            |           |   |     | Sex |                      | Color |             |  | Age | Height           | Size | Green Year |  |
| Primary Owner Name: CHJA# |             |            | CHJA#      |           |   | DOB | 1   | Owner Email Address: | 1     |             |  |     | 1                | 1    | 1          |  |
| Owner Address             |             |            | City/State | State/Zip |   |     |     |                      | e:    | Home Phone: |  |     | Emergency Phone: |      |            |  |

| Rider #1 Name:             |  |  |       | DOB | Rider #1 Email Address: |  |             |                  |
|----------------------------|--|--|-------|-----|-------------------------|--|-------------|------------------|
|                            |  |  |       |     |                         |  |             |                  |
| Rider #1 Address           |  |  | e/Zip |     | Cell Phone:             |  | Home Phone: | Emergency Phone: |
|                            |  |  |       |     |                         |  |             |                  |
| Rider #1 Classes by Number |  |  |       |     |                         |  |             |                  |
|                            |  |  |       |     |                         |  |             |                  |

| Rider #2 Name:   | CHJA# |  |       | DOB   | Rider #2 Email Address: |               |                |                    |  |           |  |  |
|--|-------|--|-------|-------|-------------------------|---------------|----------------|--------------------|--|-----------|--|--|
|  |       |  |       |       |                         |               |                |                    |  |           |  |  |
| Rider #2 Address   | C     | City/State/                                  | Zip   |       |                         | Cell Phone: H |                | me Phone: Emergenc |  | cy Phone: |  |  |
|  |       |  |       |       |                         |               |                |                    |  |           |  |  |
| Rider #2 Classes by Number   |       |  |       |       |                         |               |                |                    |  |           |  |  |
|  |       |  |       |       |                         |               |                |                    |  |           |  |  |
|  |       | Show Fees                                    |       | Amt   | Sub                     |               |                |                    |  |           |  |  |
|  |       | Office Fee                                   |       | 30.00 |                         |               |                |                    |  |           |  |  |
| I hereby indemnify and hold harmless InStride, In<br>Directors, from any liability arising from accident,  | f     | EMT Fee                                      | 15.00 |       |                         |               |                |                    |  |           |  |  |
| equipment and all animals under my jurisdiction of   |       | Grounds Fee                                  |       | 20.00 |                         |               |                |                    |  |           |  |  |
| WARNING Under Colorado Law, an equine proferrisks of equine activities, pursuant to section 13-2 electronically, I acknowledge that my electronic si |       | Stalls Call 303-520-4410 Liz<br>Shavings \$x |       | 8.00  |                         |               |                |                    |  |           |  |  |
| hand.<br>Dwners Parent/Guardian Signature (Required if rider/driver/handler  |       | <u>Late Fee</u> -\$25                        |       | 25.00 |                         |               |                |                    |  |           |  |  |
| Name:I Rider #1 Parent/Guardian Signature (Required if rider/driver/handler is a minor)Print Parent/Guardian Name:Print Parent/Guardian              |       |  |       |       |                         |               |                | Total              |  |           |  |  |
| Rider #2 Parent/Guardian Signature (Required if rider/driver/handler is a minor) Print Parent/Guar   |       |  |       |       |                         |               |                |                    |  |           |  |  |
| Trainer:   |       |  |       | CHJA# | Cell #                  |               | Email Address: |                    |  |           |  |  |