		www.horses			June Julips III				Entry Deadline Sunday May 26 th 9 p.m Post deadline entries may be declined -No day of show entries accepted						
Horse CHJA #	Horse Name:						Sex		Color		Age	Height	Size	Green Year]
Primary Owner Name:	I		СНЈА#			DOB	1	Owner Email Address:				1			
Owner Address				City/State,	e/Zip				Cell Phone:	ŀ	Home Phone:		Emergency Phone	:	

Rider #1 Name: CHJA#		CHJA#		DOB	Rider #1 Email Address:			
Rider #1 Address		City/State/Zip			Cell Phone:		Home Phone:	Emergency Phone:
Rider #1 Classes by Number								

Rider #2 Name:	CHJA#		DOB	Rider #2 Email Address:	ss:					
Rider #2 Address	Cit	ty/State/Zip		Cell Phone:		I	me Phone: Emergency Phone			
Rider #2 Classes by Number										
		Show Fees	Amt	Sub						
		Office Fee		0						
I hereby indemnify and hold harmless In Stride, Ir Directors, from any liability arising from accident,	of	EMT Fee		0						
equipment and all animals under my jurisdiction of		Grounds Fee		0						
WARNING Under Colorado Law, an equine prof risks of equine activities, pursuant to section 13-2 electronically, I acknowledge that my electronic si		Stalls Call 303-520-4410 Shavings \$x	0 Liz 10.0	0						
hand. Dwners Parent/Guardian Signature (Required if rider/driver/handler Name:				0						
Rider #1 Parent/Guardian Signature (Required if rider/driver/handler is a minor) Print Parent/Guardian Name: Print Parent/Guardian Rider #2 Parent/Guardian Signature (Required if rider/driver/handler is a minor) Print Parent/Guardian							Total			
Trainer:	<u> </u>		CHJA#	Cell #		Email	Address:			