www.horseshowing.com OR
liztuttle@zimbracloud.com

Spring into Spring Easter
Horse Show
March 30th, 2024
Fox Hill Equestrian Center

Entry Deadline Sunday March 24th
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:		CHJA#		DOB	Owner Email Address:	

Owner Address		City/State/Zip		Cell Phone:	Home Phone:	Emergency Phone:

Rider #1 Name:		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:	

Rider #2 Address		City/State/Zip		Cell Phone:	Home Phone:	Emergency Phone:

Rider #2 Classes by Number

Show Fees	Amt	Sub
Office Fee	30.00	
EMT Fee	20.00	
Grounds Fee	20.00	
Stalls Call 303-520-4410 Liz Shavings $ ___x____	50.00	
	10.00	
Late Fee –$25 Ticketed Schooling	25.00	
	35.00	
Total		

I hereby indemnify and hold harmless In Stride, Inc., its employees, Fox Hill Equestrian Center and its employees,   CHJA and its Board of Directors, from any liability arising from accident, injury, infectious disease, 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 or death of a participant in equine activities from the inherent risks of equine activities, pursuant to section 13-21-119, Colorado Revised statutes. If I am signing and submitting this Agreement electronically, I acknowledge that my electronic signature shall have the same validity, force and effect as if I affixed my signature by my own hand.

Owners Parent/Guardian Signature (Required if rider/driver/handler is a minor)_____Print Parent/Guardian Name:_____I

Rider #1 Parent/Guardian Signature (Required if rider/driver/handler is a minor) _____Print Parent/Guardian Name:_____

 Rider #2 Parent/Guardian Signature (Required if rider/driver/handler is a minor) _____Print Parent/Guar

Trainer:		CHJA#	Cell #	Email Address: