## www.horseshowing.com OR showentry@instrideinC.COM

Haunted Horse Show October 24–26<sup>th</sup> 2025



Entry DEADline of Sunday October 19<sup>th</sup> 9 pm Post entries, if accepted are cursed with \$25 fee

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JA#	Horse Name:				Sex		Color		Age	Height	Size	Gree	n Year
Owner Name:		СНЈА#		DOI	В	Owner Email Address:							
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ddress			ity/State/Zi <sub>l</sub>	р			Cell Phone:	H	ome Phone:		Emergency	Phone:	
Rider #1 Name: CHJA#		# DOB		Rider #1 Email Address:			1						
Rider #1 Address			City/Sta	ate/Zip			Cell Phone:		Home Phone:		Emergency	/ Phone:	
Rider #1 Classes b	by Number												
Rider #2 Name:		СНЈА#			DOB	Rider #2 Email Address:							
Rider #2 Address City/St.			City/Stat	tate/Zip			Cell Phone:		Home Phone: Emergency Phone		y Phone:		
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Rider #2 Classes b	y Number												
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									S	how Fees		Amt	Su
										Show Fees Office Fee		<b>Amt</b> 30.00	Su
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Directors, from a	fy and hold harmless In S ny liability arising from ac	ccident, injury,	infectiou	ıs disease, theft	uestrian Cente or damage to	er and its employees	, CHJA and its Board	d of	(	Office Fee	ee	30.00	Su
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