email to: Mysho

Address:

Taxpayer Name:

email to: Myshowentry303@gmail.com

BLUE CLOUD

or mail to:

Liz Tuttle 15310 Cavanaugh Road Keenesburg, CO 80643

City/State/Zip

Address/City/State/Zip

Entries Close Thursday September 3, 2:00 pm

SS# or TIN

Horse CHJA # Horse Name:			Sex:	Foaling Date:	Color	Age:	Height:	Size:	Green Year:	
rimary Owner Name:	CHJA #:		DOB:	Owner Email Address:						
		CHJA # is n required field!								
Owner Address:		State/Zip Code:			Cell Phone	Home Phone:	Home Phone:		Emergency Phone:	
der #1 Name:	CHJA #:	CHJA # is a required field!	DOB:	Rider #1 Email Address:						
r \$1 Address:		State/Zip Code:			Cell Phone		Home Phone:		Emergency Phone:	
Rider #1 Classes by Number										
lider \$2 Name:	CHJA #:	CHJA # is a required field!	DOB:	Rider #2 Email Address:						
Rider #2 Address:	City/State/Zip Code:				Cell Phone	Home Phone:		Emergency Phone:		
Rider #2 Classes by Number										
ereby indemnify and hold harmless Blue Clobility arising from accident, injury, illness, the isdiction during this show. Under Colorado Lom the inherent risks pursuant to section 13-2	oft or damage to me, my Law, an equine profession 21-119, Colorado Revise	representatives on all is not liable ad statutes.	or helpers, a for injury or	all equipment and all ani death of a participant ir	mals under my n equine activities			en Go talls!	uld	
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.					me validity, force	303	303 919 4873			
Owners Parent/Guardian Signature (Red	quired if rider/driver/hand	ller is a minor)			Print Pa	arent/Guardian Nam	e:			
Rider #1 Parent/Guardian Signature (Red	quired if rider/driver/hand	ller is a minor)			Print Pa	arent/Guardian Nam	e:			
Rider #2 Parent/Guardian Signature (Red	quired if rider/driver/hand	ller is a minor)			Print P	arent/GuardianNam	e:			
			[CH	JA# Cell#	1	Email Address:				

Trainer Signature