COLORADO CLASSIC FINALE

Entries Close Wednesday September 21, 2022 5:00 pm

Horse CHJA #	Horse Name:	Sex:	Foaling Date:	Color	Age:	Height:	Size:	Green Year:

Primary Owner Name:	CHJA #:	CHJA # is a required field!	DOB:	Owner Email Address:	
Owner Address:		City/State/Zip Code:		Cell Phone	Home Phone:	Emergency Phone:

Rider #1 Name:	CHJA #:	CHJA # is a required field!	DOB:	Rider #1 Email Address:	
Rider #1 Address:		City/State/Zip Code:		Cell Phone	Home Phone:	Emergency Phone:

Rider #1 Classes by Number

Rider #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

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

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

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

Trainer:	CHJA #	Cell #	Email Address:
Address:	City/State/Zip	Trainer Signature	
Taxpayer Name:	Address/City/State/Zip		SS# or TIN