www.horseshowing.com or Fax to 303 773 8635

GOLD CREST CHARITY SHOW

April 15-18, 2021

or email to coshowentries@gmail.com

or mail to:

Carol O'Meara 8627 Gold Peak Place, Unit G, Highland Ranch, CO 80130

Entries Close Monday April 12, 2021 2:00 pm

Horse CHJA #	Horse Name:				Sex:	Foaling Date:	Co	lor	Age:	Height:	Size:	Green Year:	
TOTO TRAINE.					l com	. oag zato.			1.50		0.20.	0.00	
	<u></u>												
Primary Owner Name:		CHJA#:		CHJA # is a required field!	DOB:	Owner Email Ac	dress:						
Owner Address:		City/State/Zip C		p Code:			Cell Phone		Home Phone:	Home Phone:		Emergency Phone:	
Rider #1 Name:		CHJA #:		CHJA # is a required field!	DOB:	Rider #1 Email /	Rider #1 Email Address:				•		
Rider #1 Address:			City/State/Zip Code:			•		Cell Phone	Home Phone:	Home Phone:		Emergency Phone:	
Rider #1 Classes by Nu	nber								<u> </u>				
Rider #2 Name:		CHJA #:		CHJA # is a required field!	DOB:	Rider #2 Email /	Address:						
Rider #2 Address:			City/State/Zip Code:		<u>I</u>			Cell Phone	Home Phone:	lome Phone: Emergency F		ne:	
Rider #2 Classes by Number									I				
hereby indemnify and hold harmless, Gold Crest Sport Horses, its management, the venue, CHJA and its E ability arising from accident, injury, disease theft or damage to me, my representatives or helpers, all equipm urisdiction during this show. Under Colorado Law, an equine professional is not liable for injury or death of a rom the inherent risks pursuant to section 13-21-119, Colorado Revised statutes.							participant in equine activities Call Jenny Alsberg for stalls!						
I am signing and submitting this Agreement electronically, I acknowledge that my electronic signature and effect as if I affixed my signature by my own hand.						re shall have t	he same validi	ty, torce	303	87	5 618	34	
Rider #1 Signatur	e (Parent or guardian if minor)							Print Pa	arent/GuardianName	e:			
Rider #2 Signatur	e (Parent or guardian if minor)							Print P	arent/GuardianName	e:			
Trainer:					CHJA#		Cell#		Email Address:				
Address:			City/State/Zip				Trainer Signa		re				
Taynayor Name:	Faxpayer Name: Address/City/State/Zip									SS# or T	*IN		