www.horseshowing.com or Fax to 303 773 8635

GOLD CREST CLASSIC

March 30 and 31, 2019

or email to coshowentries@gmail.com

or mail to:

Carol O'Meara 8627 Gold Peak Place, Highlands Ranch, CO. 80130

Entries Close Thursday March 28, 2019 2:00 pm

Horse CHJA # Horse Name:			Sex:	Foaling Date:	Color		Age:	Height:	Size:	Green Year:
rimary Owner Name:	CHJA#: CHJA# is a required field		DOB:	Owner Email Addre	ddress:					
Owner Address:	City/St	ate/Zip Code:				Cell Phone	Home Phone:		Emergency	Phone:
ider #1 Name:	CHJA #:	CHJA # is a required field!	DOB:	Rider #1 Email Add	ress:					
Rider #1 Address:	City/St	ate/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 Add	ress:					
Rider #2 Address:	City/St	ate/Zip Code:		·		Cell Phone	Home Phone:		Emergency	Phone:
Rider #2 Classes by Number	L						L			
ereby indemnify and hold harmless, Gold Crest Spo bility arising from accident, injury, theft or damage to							Call Je	nnv	/ Alsi	oerg
uring this show. Under Colorado Law, an equine professional is not liable for injury or death of a patherent risks pursuant to section 13-21-119, Colorado Revised statutes.						for stalls!				
I am signing and submitting this Agreement electronically, I acknowledge that my electronic signature shall have the same validity						, force	303 875 6184			
d effect as if I affixed my signature by my own hand	l.						303	8/	5 61	84
Rider #1 Signature (Parent or guardian if minor)_						Print P	arent/GuardianName	<u>:</u>		
Rider #2 Signature (Parent or guardian if mino	•)					Print F	Parent/GuardianName	:		
Trainer:			СНЈА		Cell#		Email Address:			
Address:	City/S	tate/Zip				Trainer Signate	ure			
		-								
Taxpayer Name:	Addre	Address/City/State/Zip						SS# or	TIN	