www.horseshowing.com or Fax to 303 773 8635

GOLD CREST MAY CLASSIC

May 9 and 10, 2020

or email to coshowentries@gmail.com

or mail to:

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

Entries Close Thursday May 7, 2020 2:00 pm

Horse CHJA # Horse Name:			Sex:	Foaling Date:	Foaling Date: Color		Age:	Height:	Size:	Green Year:
	Laura #	•	Laca							
Primary Owner Name:	r Name: CHJA #: CHJA # is a required field		DOB:	Owner Email Ad	Owner Email Address:					
Owner Address:	City/Si	ate/Zip Code:				Cell Phone	Home Phone:		Emergency	Phone:
der #1 Name: CHJA #:		CHJA # is a required field!			Rider #1 Email Address:				•	
ider #1 Address:	City/Si	ate/Zip Code:		<u>l</u>		Cell Phone	Home Phone:		Emergency	Phone:
Rider #1 Classes by Number	L					<u> </u>	I			
tider #2 Name:	CHJA#:	CHJA # is a required field!	DOB:	Rider #2 Email #	ddress:					
Rider #2 Address:	City/Si	ate/Zip Code:				Cell Phone	Home Phone:		Emergency	Phone:
Rider #2 Classes by Number									•	
ereby indemnify and hold harmless, Gold (bility arising from accident, injury, theft or d	amage to me, my represen	tatives or helpers	, all equipm	nent and all anim	als under my jur	risdiction	Call Jo	enny	/ Als	berg
uring this show. Under Colorado Law, an equine professional is not liable for injury or herent risks pursuant to section 13-21-119, Colorado Revised statutes.				articipant in equi				for stalls!		
am signing and submitting this Agreemen d effect as if I affixed my signature by my o		dge that my electr	onic signa	ture shall have t	ne same validity	y, force	303	87	'5 61	84
Rider #1 Signature (Parent or guardian	if minor)					Print Pa	arent/GuardianNan	ne:		
Rider #2 Signature (Parent or guardian	if minor)					Print P	arent/GuardianNan	ne:		
Trainer:			CHJA	\ #	Cell#		Email Address:			
Address:	City/S	tate/Zip				Trainer Signatu	re			
Taxpayer Name:	Addre	ss/City/State/Zip						SS# or	TIN	