www.horseshowing.com or Fax to 303 773 8635

GOLD CREST CLASSIC

May 28-29, 2022

or email to coshowentries@gmail.com

or mail to:

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

Entries Close Wednesday May 25, 2022 Noon

Horse CHJA #	Horse Name:				Sex:	Foaling Date:	Colo	r		Age:	Height:	Size:	Green Year:	
TIVISE NAME.					GEX.	Toaling Date.		Color		Age.	rieight.	Oize.	Green rear.	
					<u> </u>									
Primary Owner Name: CHJA		CHJA #:		CHJA # is a required field!	DOB:	Owner Email Ad	dress:							
Owner Address:			City/State/Zi	p Code:	•			Cell Phone	Cell Phone		Home Phone:		Emergency Phone:	
Rider #1 Name: CI		CHJA #:	HJA#: CHJA # is a required field!		DOB:	Rider #1 Email A	Rider#1 Email Address:							
Rider #1 Address:			City/State/Zi	p Code:	1	•		Cell Phone		Home Phone:		Emergency Pho	ne:	
Rider #1 Classes by Num	ber							<u>.</u>		<u>I</u>		<u>.</u>		
Rider #2 Name: C		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								1				<u> </u>		
bility arising from accirisdiction during this somethe inherent risks p	nold harmless, Gold Crest Sport Ho dent, injury, disease, theft or damag now. Under Colorado Law, an equir oursuant to section 13-21-119, Color	ge to me, ne profes ado Rev	, my repr ssional is rised stat	resentatives on s not liable for tutes.	or helpers, all injury or dea	equipment an th of a partici	d all animals und pant in equine a	der my activities	С		_	Alsb alls!	erg	
I am signing and submitting this Agreement electronically, I acknowledge that my electronic signature s ad effect as if I affixed my signature by my own hand.							ne same validity	/, force		303	87	5 618	34	
Rider #1 Signature	e (Parent or guardian if minor)							P	Print Parent/G	uardian Nam	ə:			
Rider #2 Signature	(Parent or guardian if minor)							F	Print Parent/G	uardianNam	e:			
Trainer:					CHJA#		Cell#		Email A	ddress:				
Address: City/Stat			City/State/Z	Zip				Trainer	Signature					
Taxpayer Name:			Address/Ci	. 10							SS# or T			