

GOLD CREST CHARITY CHALLENGE

Entries Close

APRIL 10-12, 2026

MONDAY, APRIL 6

5:00 pm

Enter at horseshowing.com

or Email to coshowentries@gmail.com

or mail to **Carol OMeara 8300 Fairmount Drive G-104 Denver, CO. 80247** or fax to **303 773 8635**

| | | | | | | | | |
|--------------|-------------|------|---------------|-------|------|---------|-------|-------------|
| 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: |

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| Rider #1 Classes by Number | |
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|-------------------|----------------------|-----------------------------|------------|-------------------------|------------------|
| 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: |

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| Rider #2 Classes by Number | |
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I hereby indemnify and hold harmless show management, the venue, CHJA and its Board of Directors, from any liability arising from accident, injury, illness, theft or damage to me, my representatives or helpers, all equipment and all animals under my jurisdiction during this show. Under Colorado Law, an equine professional is not liable for injury or death of a participant in equine activities from the inherent risks pursuant to section 13-21-119, Colorado Revised statutes.

If I am signing and submitting this Agreement electronically, I acknowledge that my electronic signature shall have the same validity, force and effect as if I affixed my signature by my own hand.

CONTACT JASMINE FOR STALLS 970 691 6122(TEXT IS BEST) BY APRIL 3

Owners Parent/Guardian Signature (Required if rider/driver/handler is a minor) _____ **Print Parent/Guardian Name:** _____

Rider #1 Parent/Guardian Signature (Required if rider/driver/handler is a minor) _____ **Print Parent/Guardian Name:** _____

Rider #2 Parent/Guardian Signature (Required if rider/driver/handler is a minor) _____ **Print Parent/Guardian Name:** _____

| | | | |
|----------|--------|--------|----------------|
| Trainer: | CHJA # | Cell # | Email Address: |
|----------|--------|--------|----------------|

| | | | |
|----------------|------------------------|-------------------|------------|
| Address: | City/State/Zip | Trainer Signature | |
| Taxpayer Name: | Address/City/State/Zip | | SS# or TIN |

