www.horseshowing.com or Fax to 303 773 8635

GOLD CREST FUNDRAISING FESTIVAL

August 6 and 7, 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 August 3, 2022 at noon

Horse CHJA #	Horse Name:			Sex:	Foaling Date:	Color	r	Age:	Height:	Size:	Green Year:	
Primary Owner Name:		CHJA#:	CHJA # is a required field	DOB:	Owner Email A	Email Address:						
Owner Address:		•	City/State/Zip Code:				Cell Phone	Home Phone:	Home Phone:		Emergency Phone:	
Rider #1 Name:		CHJA#:	CHJA #: CHJA # is a required field!		Rider #1 Email	Email Address:				•		
Rider #1 Address:			City/State/Zip Code:	I		Cell Phone		Home Phone:	Home Phone: Emerg		ne:	
Rider #1 Classes by Nun	nber						I	l .				
Rider #2 Name:		CHJA #:	CHJA # is a required field	DOB:	Rider #2 Email	rr #2 Email Address:						
Rider #2 Address:			City/State/Zip Code:				Cell Phone	Home Phone:	Home Phone: Emerg		ne:	
Rider #2 Classes by Number							<u> </u>	I				
hereby indemnify and hold harmless, Gold Crest Sport Horses, its management, the venue, CHJA and its Board of Directors, from any ability arising from accident, injury, disease theft or damage to me, my representatives or helpers, all equipment and all animals under my irisdiction during this show. Under Colorado Law, an equine professional is not liable for injury or death of a participant in equine activities om the inherent risks pursuant to section 13-21-119, Colorado Revised statutes.								Call Jenny Alsberg for stalls!				
I am signing and submitting this Agreement electronically, I acknowledge that my electronic signature sold effect as if I affixed my signature by my own hand.						the same validity	y, force	303	87	5 618	84	
Rider #1 Signatur	e (Parent or guardian if minor)						Print Pa	arent/GuardianName	e:			
Rider #2 Signature	e (Parent or guardian if minor)						Print Pa	arent/GuardianNam	e:			
Trainer:				СНЈА	#	Cell#		Email Address:				
Address:			City/State/Zip			<u> </u>	Trainer Signatur	re				
Taxpayer Name:	axpayer Name: Address/City/State/Zip								SS# or 1	ΓIN		