HELICON SPRING FLING

Enter at horseshowing.com

May 13-15, 2022

Entries Close Wednesday, May 11, 2022 5:00 pm

or Email to coshowentries@gmail.com

or mail to 8627 Gold Peak Place, Unit G, Highlands Ranch CO 80130 or fax to 303 773 8635

Horse CHJA #	Horse Name:	Horse Name:			Foaling Date:	Color	•	Age:	Height:	Size:	Green Year:	
Primary Owner Name: CHJA #:			CHJA # is a required field!	DOB:	Owner Email A	ddress:						
Owner Address:			City/State/Zip Code:			Cell Phone	Home Phone	Home Phone:		Emergency Phone:		
Rider #1 Name: CHJ.		CHJA #:	CHJA # is a required field!	DOB:	Rider #1 Email	ail Address:						
Rider #1 Address:			City/State/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	Address:						
Rider #2 Address:			City/State/Zip Code:			Cell Phone	Home Phone	:	Emergency	Phone:		
Rider #2 Classes by	Number											
	nd hold harmless Helicon Show Stat							Stalls a	re Limit	ed!!		
arising from accident, injury, illness, theft or damage to me, my representatives or helpers, during this show. Under Colorado Law, an equine professional is not liable for injury or nherent risks pursuant to section 13-21-119, Colorado Revised statutes.					nt and all anima articipant in eq	cipant in equine activities from the			Call Molly 720 320 7362 to eserve a stall or pen.			
	submitting this Agreement electronica xed my signature by my own hand.	ally, I ackno	owledge that my ele	ctronic signa	ture shall have	the same validity	y, force	reserv	e a sia	n or pe	<i>;</i> [].	
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 Paren	t/Guardian Signature (Required if rid	er/driver/ha	ndler is a minor)				Print Pa	arent/Guardian N	lame:			
Trainer:				CHJA	#	Cell # Ema			ail Address:			
Address: City/State/Zip			City/State/Zip	I		1	Trainer Signature	e				
Taxpayer Name:	axpayer Name: Address/City/State/Zip								SS# or	TIN		