

HELICON MAY DAYS

April 29-May 1, 2022

Entries Close

Wednesday, April 27 at
5:00 pm

Fax to 303 773 8635

or email to coshowentries@gmail.com

or mail to 8627 Gold Peak Place, Unit G, Highlands Ranch CO 80130

Horse CHJA #	Horse Name:	Sex:	Foaling Date:	Color	Age:	Height:	Size:	WPCSA Reg #
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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:
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					

I hereby indemnify and hold harmless Helicon Show Stables, its management, the venue, CHJA and its Board of Directors, from any liability arising from accident, injury, 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.

Stalls Are Limited!!
Call Molly 720 320 7362 to
reserve a stall or pen.

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

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

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

Trainer:	CHJA #	Cell #	Email Address:
Address:	City/State/Zip		Trainer Signature
Taxpayer Name:	Address/City/State/Zip		SS# or TIN