# KSMS Welcome to Spring!

April 13-14, 2019

# Pre-Entry closes April 11th 8:00pm

To be held at:

Summer Haven Stables

39681 Swift Creek Cir.

Elizabeth, CO 80107

CHJA APPROVED

#### **Show Officials**

Judge Jen Lewis

USEF Steward Jodi Kennedy

Show Manager Carole A Kenney
Show Secretary Carole A. Kenney
Course Designer Maggie Hardwick

Veterinarian (on call) TBD
Food On Site

For information call Show - Carole Kenney @ 303-910-9410

## As the weather is always a question at this time of year, please check www.Kenneyshows.com for news before you leave for the show!

#### **Directions:**

From the north: I-25 south to Lincoln

Left on Lincoln (east)

Right on Parker Rd. (south)

Left on Hilltop (east)

Left on Singing Hills (east, yes again)

Right on County Road 13 (south)

To address

Directions: From the south I-25 north to Castle Rock (exit 182, Wilcox St.)

Right on Wilcox (south)
Left on Highway 86 (east)
Go past Parker Rd (Hwy83)
Left on County Road 13 (North)

To address

#### **SHOW RULES**

Entries will be accepted on the day of show. However, a \$25.00 day of show penalty will apply.

#### Fees:

•	CHJA classes	\$22.00
•	CHJA Medal Classes	\$25.00
•	After Pre-entry	\$25.00
•	Day of Show	\$25.00
•	EMT Fee	\$15.00 per rider
•	Office Fee	\$25.00
•	Grounds Fee	\$15.00 per entry

1. All fees should be made payable to: KSMS Mail to: Carole A. Kenney, 213 Birch Ave., Castle Rock, CO 80104

\$40.00 VERY limited! Call

- 2. Fax # 303-479-9439 or use www.horseshowing.com
- 3. No refunds will be given unless accompanied by a veterinarian's certificate.
- 4. Stalls are available, call to reserve. Trainers please reserve as a group. 303-910-9410
- 5. Unpaid checks are subject to a \$30 fee and must be paid in cash or cash equivalent within 5 days.

#### **Regulations:**

Stalls

- 1. Back to back rounds allowed and encouraged.
- 2. No-judges will be allowed.
- 3. Hard hats must be worn at all times by all riders while on show grounds
- 4. Controlled schooling will be allowed from 6:30 am 7:45 am. Schooling times on any one horse may be limited if other horses are waiting.
- 5. The show management reserves the right to cancel, combine or divide any class(es) should it be in the best interest of the show.
- 6. Only one horse per entry form.
- 7. A one minute gate and/or a posted order of go may be imposed by management in order to maintain a reasonable pace for the show ring.
- 8. Each class will award a first place trophy and ribbons through sixth place.
- 9. Champion and Reserve will be offered for all divisions.
- 10. Pets must be on a leash at all times!
- 11. Non-Showing horses must be entered in the show office. A grounds fee, office fee and an emt fee must be paid.

#### **SATURDAY**

Schooling: 6:30 am - 7:45 am

Show starts: 8:00 am

**OUTDOOR ARENA** 

Weather permitting

- 1. Warm-up O/F Red/Blue
- 2. Short Stirrup Eq O/F
- 3. Short Stirrup Eq O/F
- 4. Short Stirrup Eq Flat
- 5. Short Stirrup Medal
- 6. Long Stirrup Eq OF
- 7. Long Stirrup Eq OF
- 8. Long Stirrup Eq Flat
- 9. CHJA Long Stirrup Medal
- 10. Medium Stirrup Eq O/F
- 11. Medium Stirrup Eq O/F
- 12. Medium Stirrup Eq Flat
- 13. Medium Stirrup Medal

#### **SCHOOLING BREAK**

- 14. Beginner Equitation 18 & Over O/F
- 15. Beginner Equitation 18 & Over O/F
- 16. Beginner Equitation 18 & Over Flat
- 17. Columbine Adult Medal O/F
- 18. Beginner Equitation 17 & U O/F
- 19. Beginner Equitation 17 & U O/F
- 20. Beginner Equitation 17 & U Flat
- 21. Columbine Junior Medal O/F

#### **SUNDAY**

Schooling: 6:30 am - 7:45 am Show starts: 8:00 am

OUTDOOR ARENA weather permitting

- 28. Warm up
- 29.CHJA Junior Equitation O/F
- 30.CHJA Junior Equitation O/F
- 31.CHJA Junior Equitation Flat
- 32.Col R.L. Robertson Medal O/F
- 33.CHJA Junior Medal O/F
- 34.CHJA Amateur Equitation O/F
- 35.CHJA Amateur Equitation O/F
- 36.CHJA Amateur Equitation Flat
- 37.Ruth Ayres Medal O/F 3'
- 38. Dorothy Roberts Medal (Open to all ages, ride with your classes)
- 39.CHJA Adult Medal

#### **SCHOOLING BREAK**

- 40.Puddle Jumper
- 41.Puddle Jumper
- 42. Puddle Jumper
- 43. Schooling Jumper
- 44.Schooling Jumper
- 45.Schooling Jumper
- 46.Low Jumper
- 47.Low Jumper
- 48.Low Jumper
- 49.Low Training Jumper
- 50.Low Training Jumper
- 51.Low Training Jumper
- 52. High Training Jumper
- 53. High Training Jumper
- 54. High Training Jumper
- 55.Open Jumper
- 56.Open Jumper
- 57. Open Jumper

Fax 303-479-9439

### KSMS Welcome To Spring

April 12 14 2010

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Horse CHJA #	Horse Name:			Sex				Foaling Date Color			Age Heig		Size	Gre	en Year		
Primary Owner Name:			СНЈА#	CHJA # is a required fiel		DOB		Owner Email Address:					<u> </u>				
Owner Address				City/State/Zip						Cell Phone:		Home Phone	Home Phone:		Emergency Phone:		
Rider #1 Name:				CHJA # is a DOB required field!				Rider #1 Email Address:									
Rider #1 Address				City/State/Zip						Cell Phone:		Home Phone:		Emergency Phone:			
Rider #1 Classes by I	Number											.1					
Rider #2 Name:			СНЈА#	CHJA # is a required field!		DOB		Rider #2 Email Address:									
Rider #2 Address				City/State/Zip						Cell Phone:		Home Phone	Home Phone: Emergen			ncy Phone:	
Rider #2 Classes by I	Number			<u> </u>													
I hereby indemnify a	and hold	harmless Kenney	Show Ma	anagem	nent Services,	The ve	enue, its n	nanagement, CH	HJA a	and its Board o		S	how Fees:		Qty	Amount	
Directors, from any liability arising from accident, injury, theft or damage to me, my animals under my jurisdiction during this show.												Office Fee				25.00	
											EMT Fee Grounds Fee				15.00 15.00		
WARNING											Stall Call to order!			CALL	40.00		
Under Colorado Law of equine activities, p						partici	ipant in ec	uine activities fr	om th	ne inherent risks							
. If I am signing a	nd submi	itting this Agreeme	nt electro	onically	, I acknowledg	e that	my elect	ronic signature s	shall	have the same	. Talai						
validity, force and ef	ffect as if	I affixed my signatu	re by my	own ha	and.						Total						
X	der/Owners Pa	arent/Guardian Signature (R	equired if ride	r/driver/har	ndler is a minor)					Print Parent/Guard	lian Name:						
Trainer:							СНЈА#	Ce	ell#		Er	nail Address:					
Address: City/State/Zip										Train	er Signature						
Taxpayer Name:	xpayer Name: Address/City/State/Zip									SS# or TIN							