2023 MEDAL FINALS

CHJA #	Horse Nar	me:				Sex	Foali	ng Date	Color		Age	Height	Size	
Primary Ou	ner Name:	.			П	CHJA#	· .	Owner Er	nail Ad	drace:				
Primary Owner Name: City/State/Zi										Home Phone:		Emergency Phone:		
Rider #1 Name: CHJA #			DOB R			der #1 Email Address:								
Rider #1 Address City,		/State	/Zip	I		Cell Ph	Cell Phone:		Home Phone:		Emergency Phone:			
Rider #1 Clas	sses by Nur	nber						l						
Rider #2 Na	me:	СНЈА	#	#	DO	ОВ		Rider #2	Email A	Address	:			
Rider #2 Address			City/State/Zi		/Zip	ip		Cell Ph	one:	Home	Phone:		Emergen Phone:	су
Rider #2 Clas	ses by Nur	nber								l				
	Show Fees:			C)ty	Amount								
	Office Fee					30								
	EMT Fee					20								
	chooling Tick					25								
	Open Schooli					35								
	t Use Form-			3		Х								
Stall	Stall Panel Replacement				25									
RV Space Shavings Must Use Form-due 9/22/23			40 X											
I hereby inde accident, inju Under Colora section 13-2	ıry, disease t ado Law, an I-119, Colora	heft or o equine ado Rev	dam: profe ised	age to n essiona I statute	ne, m I is n s.	ny represe ot liable fo	entative or injury	s or helpe or death	rs, all eq of a part	uipment i ticipant ir	and all a n equine	nimals ur activities	nder my jur from the i	risdictio inheren
If I am signin effect as if I a							y, I ackr	nowledge	that my	electronic	c signatu	re shall h	nave the s	ame va
Owners Parent Print Parent/Gu	d Guardian Si gardian Name:	gnature	(Red	quired if	rider i	is a minor)					I			
Rider #1 Paren Print Parent/Gu	t/Guardian S	ignature	(Re	quired is	a mi	nor)								
Rider #2 Paren Print Parent/Gu	t/Guardian Si ardian Name:	ignature	(Re	equired if	rider	is a minor	·)							
Trainer:								CHJA#		Cell #		En	nail Addres	ss:
Address:					Ci	ty/State/Z					Tra	iner Sigr		