## www.horseshowing.com or Fax to 303 773 8635

## **NO MORE SNOW**

April 27th and 28th, 2019

or email to coshowentries@gmail.com

or mail to:

Carol O'Meara 8627 Gold Peak Place, Unit G, Highlands Ranch, CO. 80130

Entries Close Thursday April 25, 2019 2:00 pm

Horse CHJA # Horse Name:		Sex	c: Foaling	Date:	Color	Age:	Height:	Height: Size:		
<b>'</b>		DO	<b>_</b>		<b>I</b>					
Primary Owner Name:	CHJA #:  CHJA # is a required field			ner Email Address:						
Owner Address: City/State/Zip Code:			•		Cell Phone	Home Phone:		Emergency	Phone:	
Rider #1 Name:	CHJA #:	CHJA # is a required field!	B: Ric	ler #1 Email Address:	•			-		
Rider #1 Address:	City/Stat	te/Zip Code:			Cell Phone	Home Phone:		Emergency	Phone:	
Rider #1 Classes by Number	I				I	l				
Rider #2 Name:	CHJA #:	CHJA # is a required field!	B: Ric	ler #2 Email Address:						
Rider #2 Address:	City/Stat	tte/Zip Code:			Cell Phone	Home Phone:	-	Emergency	Phone:	
Rider #2 Classes by Number					<u> </u>	l				
nereby indemnify and hold harmless, Gold Crest ability arising from accident, injury, theft or damag uring this show. Under Colorado Law, an equine herent risks pursuant to section 13-21-119, Colora	ge to me, my representa professional is not liable ado Revised statutes.	atives or helpers, all le for injury or death	equipment and n of a participar	l all animals und it in equine activ	er my jurisdiction vities from the	Call Jo	_	y Als talls!	_	
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.						303	303 875 6184			
Rider #1 Signature (Parent or guardian if mind	or)				Prir	nt Parent/GuardianNan	ne:			
Rider #2 Signature (Parent or guardian if mi	ínor)				Pri	nt Parent/GuardianNan	ne:			
Trainer:			CHJA#	Cell #		Email Address:				
Address:	ess: City/State/Zip				Trainer Si	gnature				
Toynguar Nama:	Addross   City  State   7 in						ee# o	TIN		