

# Howard County Horse Show Association PICKWICK STABLES, INC. ENTRY FORM

NUMBER \_\_\_\_\_

Fax Entries to: 410-795-0015  
PLEASE PRINT CLEARLY

COGGINS DATE	NAME OF HORSE	COLOR	SEX	HEIGHT	AGE

**CLASS #**

Rider's Name														
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		<b># Returned</b>	
<hr/> <b># of HCHSA /\$15.00</b> <hr/>	<hr/> <hr/>	<hr/>	
<hr/> <b>Warm Up Ticket/\$15.00</b> <hr/>	<hr/> <hr/>	<hr/>	
<hr/> <b>Grounds Fee/ \$0.00</b> <hr/>	<hr/> <hr/>	<hr/>	
<hr/> <b>TOTAL</b> <hr/>	<hr/> <hr/>	<hr/>	<b>Check #</b> _____
<hr/> <b>Balance Due</b> <hr/>	<hr/> <hr/>	<hr/>	<b>Cash</b> _____
			<b>Pd w/ entry</b> _____

**TRAINER'S NAME :**

**OWNER'S NAME:**

**ADDRESS:**

**CITY/ST/ZIP:**

**PHONE/EMAIL:**

Every entry shall constitute an agreement that the person making it, along with the leasee, trainer, manager, agent, coach, driver, rider, and *the horse: (1) shall be subject to rules of the Association and the local rules of the show; (2) that every rider is eligible as entered; (3) that the owner and any of his representatives are bound by the rules of the H.C.H.S.A. and the show and will accept as final the decision of the Hearing committee on any question arising under said rules and agree to hold the show, the H.C.H.S.A., their officials, directors, employees, and agents harmless for any injury or loss suffered during or in connection with the show, whether or not such injury or loss resulted, directly or indirectly, from the negligent acts or omissions of said officials, directors, employees, or agents of the H.C.H.S.A. or show management of Pickwick Stables inc.*

**Show Management Reserves the Right to Refuse Entries**

**Owner/Rider/Agent Signature**

**Date**