



Entry Number: \_\_\_\_\_

# Saddle Series Hunters-Jumpers

Sunday, Oct 8, Oct 29 Dec 3, 2017 Sunday Jan 7, TBA Feb, Mar, Apr, May, 2018

This form must be filled in completely and signed before an entry number is issued. Each horse/rider must have unique a number.

Rider's Name \_\_\_\_\_ Street Address \_\_\_\_\_ DOB \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ IEHJA Mem# \_\_\_\_\_ USHJA Mem# \_\_\_\_\_

Best Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ E-mail \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Best Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Horse's Name \_\_\_\_\_ IEHJA Reg # \_\_\_\_\_ USHJA Reg # \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Color \_\_\_\_\_

Owner's Name \_\_\_\_\_ IEHJA Mem # \_\_\_\_\_ USHJA Reg # \_\_\_\_\_

Trainer's Name \_\_\_\_\_ IEHJA Mem # \_\_\_\_\_ USHJA Reg # \_\_\_\_\_

Rider/Handler is now signing up for, or has already signed up for **Series Hi-point (Check one):**  
 Yes (One-time fee \$35)  No

Rider's Age on Dec 1, 2017 (Check one):  
 Leadline 18 & 18 &  
 10 & 12 & Over Over  
 Under Under 13-17 Amat Prof

**Class 1 commences at 7:30 am in the designated show arena**

Every entry shall constitute an agreement and affirmation that the person making it, owner, lessee, trainer, manager, agent, rider, handler, and the horse: shall be subject to the local rules of the show; that every horse, rider, and/or handler is eligible as entered; that the owner and any of his representatives are bound by the rules of the show and will accept as final the decision of the show committee on any question arising under said rules, and agree to hold the show, its 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 negligent acts or promises of said officials, directors, employees, or agents of the show. I agree to indemnify and save harmless Willowbrook Riding club and IEHJA, GSDHJA, OCHSA, and USHJA, and the owners, directors, officers, members, employees, sponsors and agents thereof from and against any and all loss, costs, or expenses, or any claim thereof, of whatever nature arising or to arise, for and on account, or by reason of the entry or entries hereby made. I hereby represent and agree that in the event that the entries hereby made are made for and on behalf of an exhibitor under the age of 21 years, that I am one of the parents of such minor, or duly appointed legal guardian of such minor, entitled to make this entry for and on behalf of such minor, and I further hereby represent and agree that in the event that the entry is hereby made for and on behalf of another person other than a minor under the age of 21 years, I have full authority and privilege from such other person to make such entry for and on behalf of such other person. I accept full financial responsibility for this entry.

**Mandatory: signature of Entrant or signature of Parent or Legal Guardian if competitor is under 21 years.**

Name (Print) \_\_\_\_\_ Signature \_\_\_\_\_

**OFFICE USE ONLY**

Classes \_\_\_\_\_ x \$20 ..... \$ \_\_\_\_\_  
 Jumper Classes \_\_\_\_\_ x \$ 25 ..... \$ \_\_\_\_\_  
 Medal/Derby Classes \_\_\_\_\_ x \$ 30 ..... \$ \_\_\_\_\_  
 USHJA Reporting fees, Classes \_\_\_\_\_ x \$ 5 ..... \$ \_\_\_\_\_  
 Warmup Ticket Fee/class \_\_\_\_\_ x \$ 15 ..... \$ \_\_\_\_\_  
 Total Class Entry fees ..... \$ \_\_\_\_\_  
 Scratch Fees/class \_\_\_\_\_ x \$ 8 ..... \$ \_\_\_\_\_  
 Series Hi-Point Fee \$35/entry (once per series) ..... \$ \_\_\_\_\_  
 Fees per entry (Office \$ 20; EMT \$5) ..... \$ 25.00  
 Horse Gd \$25; Dg \$5; IEHJA \$2; GSDHJA \$10; OCHSA \$3; USHJA \$2 \$ 47.00  
 (Other entrants using this horse \_\_\_\_\_) paid by # \_\_\_\_\_  
 Miscellaneous ( \_\_\_\_\_ ) ..... \$ \_\_\_\_\_  
 Stall Fees .. Box  .. Outside  .. No. Nights  .. Day Stall ..  ..... \$ \_\_\_\_\_  
**Total Fees** ..... \$ \_\_\_\_\_  
 Open Check # \_\_\_\_\_ (Check covers following entries: \_\_\_\_\_)  
 Payment Check # \_\_\_\_\_ Check Amount \$ \_\_\_\_\_ Of total \$ \_\_\_\_\_  
 Cash Paid ..... \$ \_\_\_\_\_

Write in Class Numbers to be Entered  
**\*Circle USHJA Classes for reporting**

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