



SHOW DATE: _____

An entry number will be assigned by registration.
You must have your entry number before filling out the clipboard class sheets!
LIST EXHIBITOR and Horse, NOT the Owner.
PLEASE WRITE LEGIBLY AND SPELL CORRECTLY

If admission / gate fees were not paid at time of entrance to the show grounds, they must be paid at time of registration. Please pay for all eligible persons who entered the show grounds in your vehicle. If Negative Coggins Papers were not checked at the entrance gate they **MUST** be brought to Registration Desk at time of registration.

ENTRY # OR SPEED	EQUINE'S NAME	DATE BLOOD DRAWN	SINGLE CLASS \$8	TWO + CLASSES \$20	ENTRY FEES

Entry Fees \$ _____ **Admission / Gate Fees \$** _____ **Total Paid \$** _____

ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____

PHONE (_____) _____ **EMAIL ADDRESS** _____

New / Changed contact information: Yes: _____

All entries are accepted with the understanding that Jefferson County Trail Riders Club, its sponsors, Club officers or members are not responsible for any loss, personal injury, or damage to equines, persons, or property. Any discourtesy to judge or show official by participant, parent, or agent may cause involved party to be dismissed from show.

I, the undersigned, certify that the above information is correct for the equine entered to show, including the presence of current negative Coggins papers for the equine(s) listed on this registration form.

RESPONSIBLE OWNER / DELEGATE / GUARDIAN SIGNATURE (Must be 18 years of age or older):

Printed Name: _____

Signature: _____