

RESPONSIBLE PARTY _____

BACK# _____

Horse		KHJA #		Sex		Age	
Trainer		Stable					
Owners Name		Phone#		Email			
Address			City		State	Zip	
#1 Exhibitor Name				Phone#			
KHJA#	Date of Birth		Email				
Address			City		State	Zip	
#2 Exhibitor Name				Phone#			
KHJA#	Date of Birth		Email				
Address			City		State	Zip	
#3 Exhibitor Name				Phone#			
KHJA#	Date of Birth		Email				
Address			City		State	Zip	
CLASSES TO BE SHOWN IN				CHECK DAY			Total Fees
Exh#	Class#	Class Name	Entry Fee	1	2	3	
# Of Stalls		# Of Tack Stalls		# of Grounds Fees			
# Of Bedding		# of Camper Hookups		# of Hay			
# of Automatic Office/Schooling Fee Per Horse Per Day (NO EXCEPTIONS)							
Other Fees							
Paid By: Cash _____ Check# _____ Received by: _____ Total Paid: _____ Date: _____							

WARNING: UNDER KENTUCKY LAW, A FARM ANIMAL ACTIVITY SPONSOR, FARM ANIMAL PROFESSIONAL OR OTHER PERSON DOES NOT HAVE THE DUTY TO ELIMINATE ALL RISKS OF INJURY OF PARTICIPATION IN FARM ANIMAL ACTIVITIES. THERE ARE INHERENT RISKS OF INJURY THAT YOU VOLUNTARILY ACCEPT IF YOU PARTICIPATE IN FARM ANIMAL ACTIVITIES. KRS 247-4027

Neither Lakeside Arena, nor the Show Organizers or Helpers are responsible for theft, accidents, or injuries to horses, riders or spectators.

Signature: _____ (Adult must sign if rider is under 18 yrs old)