

RESPONSIBLE PARTY _____ **BACK#** _____

*Email entries to Lynn Johnson at ponylexky@gmail.com by Wednesday prior to show.
Bring hard copy of entry form with you to show.*

Horse		KHJA#		Sex	Age	DOB
Trainer			Stable			
Owner's Name			Phone#	Email		
Address			City		State	Zip
#1 Exhibitor Name			KHJA#		DOB	
Phone#			Email			
Address			City		State	Zip
#2 Exhibitor Name			KHJA#		DOB	
Phone#			Email			
Address			City		State	Zip
#3 Exhibitor Name			KHJA#		DOB	
Phone#			Email			
Address			City		State	Zip
CLASSES TO BE SHOWN IN					CHECK DAY	
Exh#	Class#	Class Name	Entry Fee	SAT	SUN	Total Fees
# Of Stalls		# Of Tack Stalls		# Of Grounds Fees		
# Of Extra Bedding		# Of Camper Nights		# Of Hay		
# Of Automatic Office 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)