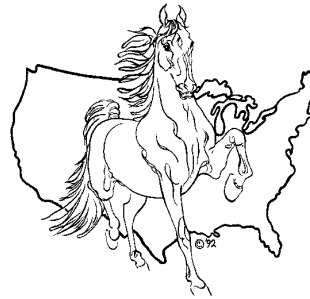


ONE OWNER PER ENTRY FORM

OWNER/AUTHORIZED AGENT NAME		UPHA MBR #
ADDRESS		
CITY/STATE/ZIP		
TELEPHONE	SIGNATURE (Parent/Guardian if Exhibitor Under 18)	



# MID-AMERICA CHARITY HORSE SHOW ENTRY FORM

ENTRY FEES:

- \$ 2 Stable Dog class
- \$ 8 Class #: 6, 16, 49, 57
- \$10 All class # not otherwise listed
- \$15 Academy classes after deadline
- \$20 Class #: 43, 51, 60
- \$25 Class # 68

EXHIBITOR NO	NAME OF HORSE/ BREED REGISTRATION #	(12 month) COGGINS #	OUT OF STATE HEALTH CERT.	NAME AND ADDRESS RIDER/HANDLER	JR. EXH. AGE	CLASSES ENTERED					TOTAL ENTRY FEES	
						CLASS NO.						
						CLASS NO.						
						ENTRY FEE						
						CLASS NO.						
						ENTRY FEE						
						CLASS NO.						
						ENTRY FEE						
						CLASS NO.						
						ENTRY FEE						

READ CAREFULLY

Every entry at a recognized competition shall constitute an agreement and affirmation that the person making it, owner, leasee, trainer, manager, agent, coach, driver, rider, handler and the horse for themselves, their principals, representatives, employees and agents: (1) shall be subject to the constitution and rules of the association and the local rules of the competition; (2) represent that every horse, rider and/or driver is eligible as entered; (3) agree to be bound by the constitution and rules of the Missouri Horse Shows Assn. (MHSA), the Pony Express Horse Show Circuit, Inc. (PEHSC) and the competition and will accept as final the decision of the Show Committee on any question arising under said rules and agree to hold the competition, the MHSA, the PEHSC, the Longview Horse Park Association (LHPA), Jackson County, their officials, directors and employees harmless for any action taken; and (4) that the owner/rider/driver and any of their agents or representatives acknowledge that they participate voluntarily in the competition fully aware that horse sports and the competition involve inherent dangerous risk, and by participating they expressly assume any and all risks of injury or loss, and they agree indemnify and to hold the MHSA, PEHSC, Longview Horse Park Association, Jackson County, the competition, and Heartland Therapeutic Riding and their officials, directors, employees and agents harmless from and against all claims including injury or loss suffered during or in connection with competition whether or not such claim, injury, or loss resulted directly or indirectly from the negligent acts or omissions of said officials, directors, employees or agents of the MHSA, PEHSC, LHPA, Jackson County, the competition, or Heartland's. The construction and application of MHSA and PEHSC rules are governed by the laws of the State of Missouri.

Sponsorship = \_\_\_\_\_  
 Total Entry Fees = \_\_\_\_\_  
 Pre-paid Stalls: \_\_\_\_ @ \$50 = \_\_\_\_\_  
**Unpaid Stalls: \_\_\_\_ @ \$65 = \_\_\_\_\_**  
 Total Amount Due: \_\_\_\_\_

Make checks payable to:  
 Mid-America Saddlebred Horse Club

Check # _____
Cash ____ Amt. Rcvd. _____