

SHOW DATE _____

NUMBER _____



HORSE'S NAME _____

RIDER #1 _____ PHONE _____

RIDER #2 _____ PHONE _____

OWNER _____ PHONE _____

CLASS NUMBERS ENTERED, PLEASE SPECIFY WHICH RIDER

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Rider 1

Rider 2

PLEASE CHECK ONE: CHILD

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Rider 1 Rider 2

ADULT

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Rider 1 Rider 2

PROFESSIONAL

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Rider 1 Rider 2

I hereby enter the above listed horses at my own risk and subject to all rules and regulations of the Chagrin Valley Farms Horse Show. I further agree that if any damage be occasioned, or loss occur to the horses exhibited, to any vehicle, article or person which I may send with such horses, I will make no claim against CHAGRIN VALLEY FARMS. I hereby grant Chagrin Valley Farms and parties designated by it the irrevocable right to use my (or my minor child's) photograph or likeness of me (or likeness of my child) in photographs taken for web site usage, advertising, ad display and editorial use, without restrictions as to changes, alterations and/or distortions. I fully release these parties from any and all claims and causes of action that I may have now or in the future relating to my voluntary submission of photos of myself (or my child), including and without limitation, claims for libel or invasion of privacy. I am not being compensated by anyone. I have read this release and fully understand its content.

OWNER SIGNATURE _____

PRE-ENTRY FEES _____

OWNER ADDRESS _____

POST-ENTRY FEES _____

GROUNDS FEE _____ \$20.00

OWNER EMAIL _____

STABLING _____

RIDER SIGNATURE _____

TACK STALL(S) _____

(Parent or Guardian if under 18)

RIDER ADDRESS _____

HAUL-IN FEE _____ x days = _____

BEDDING _____ x bags = _____

RIDER EMAIL _____

TOTAL _____

TRAINER _____

PAID _____

TRAINER EMAIL _____

BALANCE _____

of people splitting tack stall(s) _____

MAIL ENTRIES TO: CVF, P.O. BOX 714, CHAGRIN FALLS, OHIO 44022
 Hay and bedding orders must be received by 1:00 pm for next day delivery
 *Restocking fee \$2.00/bag
 CHAGRIN VALLEY FARMS (440)-543-7233
 9250 WASHINGTON STREET
 CHAGRIN FALLS, OHIO 44023