

CSHA Member? Yes ___ No ___ CSHA# _____
Enrolled in Hi-Pt Program? Yes ___ No ___

ENTRY NO.

Trailseekers of Moreno Valley, Inc.
CSHA Region XI Show Entry

NAME OF HORSE: _____

AGE OF HORSE: _____ CIRCLE ONE : STALLION MARE GELDING

EXHIBITOR'S NAME: _____

(EACH EXHIBITOR FILLS OUT A SEPARATE ENTRY FORM IF USING THE SAME HORSE)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NO. WITH AREA CODE : (_____) _____ - _____

EMAIL: _____

IF YOUTH, Check Age Group: 6 & under ___ 10 & under ___ 13 & under ___ 14-17 ___

IF ADULT, ENTER AMATEUR CARD NO. _____ Assoc. _____

(Adults without Amateur cards may only enter Open Classes)

Check Age Group : 18-34 ___ 35 & over ___

OWNER'S NAME : _____

(IF DIFFERENT THAN EXHIBTOR)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NO. WITH AREA CODE : (_____) _____ - _____

CLASSES ENTERED:

I do hereby consent and agree that the Trailseekers of Moreno Valley, Inc., its agents, members, and representatives, shall not be responsible for loss, damage, and/or liability sustained or suffered while on the show ground or during participation in said horse show.

I do hereby consent and grant permission to the Trailseekers of Moreno Valley, Inc., its agents, members, and representatives, the right to use, reproduce, and distribute photographs of myself and/or my child without compensation for use in any medium created for purposes of supporting and promoting activities of the Trailseekers of Moreno Valley, Inc.

Signature of Owner/Exhibitor: _____ Date: _____

Parent/Guardian of Minor: _____ Date: _____

OFFICE USE ONLY:

No. of Classes entered: _____ x \$7 = _____

Drug Fee (per horse): \$5 = \$5

Grounds Fee (per horse): \$5 = \$5

Total: = _____

Check No. _____ Open Check : YES / NO PAID CASH _____

Make checks out to TRAILSEEKERS OF MORENO VALLEY, INC.