

OWNER OR AUTHORIZED AGENT	
Name of Owner:	_____
Address:	_____
City/State/Zip:	_____
Phone:	_____
EMAIL:	_____
Signature:	_____

PEPPERGLEN FARM
SHOW SERIES 2018
SHOW DATE:
 Show entrance – California Ave.
 Contact Lori Fairchild at 951.817.1794
 for general information
www.pepperglen.com
 Internet entry available at
www.horshowtime.com

TRAINER (Do not use barn name)	
Name of trainer:	_____
Address:	_____
City/State/Zip:	_____
Phone:	_____
EMAIL:	_____
Signature:	_____

Hrs #	Name of Rider	Jr, AA, or Open	DOB	Name of Horse	Sex	Color	Age	Class Numbers (\$18.00 per class)				Schooling Rnds (\$12 each)

I agree to indemnify and save harmless Pepperglen Farm, the owners, officers, members, employees and agents thereof from and against any and all loss, cost or expenses, or any claim thereof, of whatever nature arising or to arise for an on account, or by reason of the entry or entries hereby made. I hereby represent and agree that in the event that such minor, or duly appointed legal guardian of such minor, and as such, entitled to make this entry for and on behalf of such minor, and I further hereby represent and agree that in the event that the entry hereby made for and on behalf of another person other than a minor under the age of 21 years; I have full authority and privilege from such person to make such entry for and on behalf of such other person.

Every entry shall constitute an agreement and affirmation that the person making it, owner, lessee, trainer, manager, agent, coach, driver, rider and the horse: (1) shall be subject to the local rules of the show, (2) that every horse, rider, and/or driver is eligible as entered; (3) that the owner and any of its representatives are bound by the rules of the show and will accept as final the decision of the hearing committee on any question arising under said rules and agree to hold the show, their officials, directors and employees harmless for any action take; (4) that the owner rider/driver and any of their agents or representatives agree to hold the show and their officials, directors, employees and agents harmless for any injury or loss suffered during or in connection with the show, whether or not such injury or loss resulted directly or indirectly from negligent acts of said officials, directors, employees or agents of the show.

Rider Name: _____ Phone: _____

Rider Address: _____

City: _____ State: _____ ZIP: _____

Signature of Rider: _____

Signature of Parent or Guardian of Minor Rider/Exhibitor: _____

**NO NUMBERS ISSUED UNTIL ENTRY IS ACCOMPANIED BY A CHECK
 PLEASE MAKE CHECKS PAYABLE TO PEPPERGLEN FARM, LLC**

PRE-ENTRIES CLOSE Saturday before show at 5:00pm.

SCHOOLING ROUNDS (\$12 each):	\$ _____
CLASS FEES (\$18 each):	\$ _____
Office Fee (\$15 man. per rider):	\$ _____
EMT Fee (\$5 mandatory per rider):	\$ _____
CA Drug Fee (\$5 mandatory per horse):	\$ _____
Grounds Fee \$15 x # _____ days: (mandatory per horse per day) TOTAL:	\$ _____
Stalls (optional) # of Days	
_____ Day Stall @ \$10	_____
_____ Motel Stall @ \$15	_____
TOTAL:	\$ _____
Discount for pre-registration:	\$ _____
TOTAL:	\$ _____