

Shared Hope For Healing Entry Form

Mail Pre-Entries & Stall Reservations To:
 Shared Hope Equine Show
 Linda Shannon
 6750 Mc Coy Road
 Rickreall, Oregon, 97371
sharedhopeshows@aol.com

Pre-Entry Received By
 May, 31, 2008 Mark Here >>>>
 September 27, 2008 Mark Here >>



Entry #

ONE HI-POINT DIVISION PER ~ 1 HORSE/1 RIDER

Owner _____ Exhibitor _____

Equine _____ **Please Circle One:** Stallion Mare Gelding

Address _____

City _____ State _____ Zip code _____

Phone _____ Email _____

OHA # _____ OHA Amateur# _____ APHA# _____ Amateur _____ TEA# _____

Morgan Horse Assoc # _____ Amateur # _____

You must declare @ Time of Sign Up. to be eligible for: SHOW HI-POINT
(per division ~ 1 Horse / 1 Rider Combination)

Halter 3 & Under In-Hand Superstar Lead Line Driving

10 & Under W/T 13 & Under Youth 14 – 17 Youth Amateur Adult Open

Green Equine Sport Horse English All Around Western All Around

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

16 17 18 19 20 21 22 23 24 25 26 27 28 29

30 31 32 33 34 35 36 37 38 39 40 41 42 43

44 45 46 47 48 49 50 51 52 53 54 55 56 57

58 59 60 61 62 63 64 65 66 67 68 69 70 71

72 73 74 75 76 77 78 79 80 81 82 83 84 85 86

87 88 89 90 91 92 93 94 95 96 97 98 99 100

101 102

Classes Scratched

SHOW FEES

Office/ Insurance Fee Per Entry \$10.00

Haul – In / No Stall *\$5.00 _____**

Stalls (DAY) \$30.00 x _____ = _____

Stalls (WKND) \$ 45.00 x _____ = _____

R.V. FEE IS CHARGED PER DAY

(CAMP / NO ELECTRIC) \$10.00 x _____ = _____

(CAMP w/ ELECTRIC) \$15.00 x _____ = _____
NEED 100FT. ELECTRICAL CORD

PRE-ENTRY FEES

Youth Class \$10.00X _____ = _____

Any Youth Week End
\$ 150.00 *** = _____**

Open / Adult
 Class Fee \$10.00 X _____ = _____

Open/ Adult Week End
\$ 200.00 *** = _____**

POST ENTRY FEES

Class Fee \$ 12.00 X _____ = _____

TOTAL ENTRY FEES PAID _____

I hereby certify that every equine is eligible as entered. I acknowledge that horse back riding is a sport which carries inherent risk of injury to myself, and others, horses, and property. I knowingly assume all risks, in consideration of my participation in this event. I agree to defend, indemnify, and hold harmless Shared Hope For Healing, Yamhill Co. Fairgrounds. Oregon Horsemen's Assoc., Oregon Family Equestrian Activities, and any agents or employees of the above against all claims, demands, and causes of actions, including court costs, attorney fees arising from any proceeding or lawsuit brought by or prosecuted for my benefit. This agreement is binding on my executors, heirs, and assigns. My signature acknowledges that I have read the liability release and know and understand its contents. My signature acknowledges that I will abide by all rules set forth by Shared Hope For Healing, and **Judges Decision's are Final.**

SIGNATURE _____ DATE _____

If a Minor Child MUST BE SIGNED BY PARENT or LEGAL GUARDIAN