

Palm Beach County Horseman's Association

Date: _____ Back # _____

Entry Form

Horse Name: _____

Trainer Name: _____

Owner Name: _____

Barn Name: _____

Owner Address: _____

Email: _____

Stall Reservations are **REQUIRED**

Phone: () _____ - _____

Call of text 630-373-9937

OWNER, RIDER AND TRAINER MUST BE MEMBERS AND ALL HORSES MUST BE RECORDED, FOUR SHOW MINIMUM APPLIES FOR YEAR END AWARDS. SEE RULES AND REGULATIONS FOR FULL DETAILS.

Rider's Name _____

Fees:

Class #

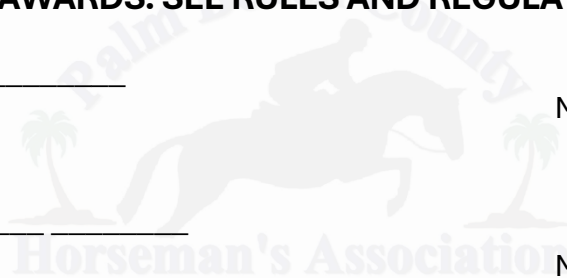
Membership: (choose one)

Saturday _____

Single \$60.00

Family \$80.00 \$_____

Sunday _____



Medic Fee (Includes Friday schooling) \$30.00

Office Fee \$30.00

Stall (if split, _____) \$80.00 \$_____

Tack stall (if split, _____) \$80.00 \$_____

Stall Watch \$5.00 a day \$_____

Shavings # _____ \$9.00 ea. \$_____

Grounds Fee (if no stall) \$40.00 \$_____

Saturday/Sunday Schooling \$20.00 a day \$_____

Flat Rate Schooling \$150.00 \$_____

Post Entry \$25.00 \$_____

WARNING: Under Florida Law, an equine activity sponsor or equine professional is not liable for any injury to, or the death of, a participant in equine activities resulting from the inherent risk of equine activities. The exhibitor or owner is responsible for collection costs and/or attorney's fees on past due balances.

I have read and understand the above and agree to abide by it.

If under 18 years, Parent must sign:

Rider Signature: _____

Total \$ _____