

ONE ENTRY FORM PER OWNER

OWNER:	AMHA #	 <p>MAY 31-JUNE 2, 2019 BEYOND STABLE FARM WOODSTOCK, ILLINOIS</p>	<p>PLEASE MAKE CHECKS PAYABLE TO: MID-STATES MORGAN HORSE CLUB AND RETURN WITH ENTRY FORM TO: <i>CHERYL RANGEL</i> 1101 PEACE DRIVE WHEELING, ILLINOIS 60090 EMAIL: <i>tracesct@aol.com</i></p>	<p>ENTRIES DUE MAY 15 Post entries accepted at \$25 per horse</p>	<p>Although we are not a USEF Show, the Stable's health requirements remain the same. All horses must have negative coggins certificate within the last 12 months, and proof of Rhino/Flu Vaccination within 6 months of entering stable. See USEF rule: GR845 for complete rules.</p>
ADDRESS:	UPHA #				
	ASHA #				
PHONE:	USEF #				
EMAIL:					
PLEASE STABLE WITH:					

ENTRY #	NAME OF HORSE	AGE	COLOR	SEX	HEIGHT	RIDER	CLASS	CLASS	CLASS	CLASS	CLASS	TOTAL FEES
							FEE	FEE	FEE	FEE	FEE	

<p>FOR COMPETITION USE:</p> <p>CH # _____ CH AMT _____</p> <p>DATE REC'D _____</p> <p>MONIES OVER _____ UNDER _____</p> <p>EB # _____</p>	QUANTITY	ITEM	AMOUNT	<p>PLEASE COMPLETE BOTH SIDES OF THIS ENTRY FORM, WITH ALL THE REQUIRED SIGNATURES.</p>
		TOTAL ENTRY FEES FROM ABOVE		
		OFFICE FEE @\$30 PER HORSE		
		STALLS @\$115		
		CAMPING FEE @\$30 PER NIGHT		
		STALL MATS @\$60		
		SPONSORSHIPAMOUNT		
		LATE FEE @\$25 PER HORSE		
	TOTAL	TOTAL AMOUNT DUE		

Under Illinois law, an equine professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities. I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, vaulter, longeur, lessee, owner, agent, coach, trainer, or as parent or guardian of a junior exhibitor. I am fully aware and acknowledge that horse sports and the Competition involve inherent dangerous risks of accident, loss, and serious bodily injury including broken bones, head injuries, trauma, pain, suffering, or death I agree to hold harmless and release the **Prairie State Classic Horse Show** Competition from all claims for money damages or otherwise for any Harm to me or my horse and for any Harm of any nature caused by me or my horse to others, even if the Harm arises or results, directly or indirectly, from the negligence of the Competition.

RIDER/DRIVER/HANDLER	ADDRESS	PHONE/EMAIL
AMHA Medal and UPHA Challenge Cup riders must be a member.		
AMHA#	UPHA#	USEF#
OWNER	ADDRESS	PHONE/EMAIL
TRAINER	ADDRESS	PHONE/EMAIL
PARENT OR GUARDIAN	ADDRESS	PHONE/EMAIL