

**WVSC OPEN PLEASURE SHOW
ENTRY FORM**

ONE FORM PER ENTRY: **AGE DIVISIONS HAVE CHANGED SEE SHOWBILL**

Exhibitor # _____ Division: **WESTERN**

Rider Name: _____ Novice Junior Junior
 Novice Senior Senior

Horse Name: _____ Novice Horse

YOU MUST ENTER 3 OUT OF 5 CLASSES FOR HIGH POINT, AND ONE OF THEM MUST BE G&C AND/OR SHOWMANSHIP

Circle Class Numbers: *****CLUB NOT RESPONSIBLE FOR ENTRY ERRORS*** PLEASE VERIFY DIVISION/CLASS #'S*****

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						

****DROP SLIPS MUST BE COMPLETED 2 CLASSES PRIOR TO THE CLASS YOU ARE DROPPING****

ENTRY FEES:

_____ # of classes at MEMBER rate of \$6.00 per class Total:\$ _____

_____ # of classes at NON-MEMBER rate of \$8.00 per class Total:\$ _____

_____ # of Jackpot classes at \$15.00 each Total:\$ _____

_____ # of Stalls at \$20.00 per stall Total:\$ _____

_____ Mandatory Insurance Fee of \$5.00 per entry Total:\$ 5.00

GRAND TOTALS _____

OPEN CHECK # _____ PAID: CASH CK# _____

CHECK NAME: _____ DL# _____ Exp: _____

RELEASE: I will not hold the WVSC or the City of Lake Helen Responsible for damage to property or horses or for the injury to myself or others while on the show grounds. I understand that any insurance the WVSC might have is only secondary insurance and has a maximum of \$2,000.00 after my insurance has paid any benefits. If contestant is a minor they shall be accompanied by an adult. Should this adult not be the legal guardian of the minor, a notarized statement shall be executed by the legal guardian for the minor and submitted to registration granting the minor permission to participate in the show with an adult other than the legal guardian and further, grant that adult permission to make any medical decision deemed necessary regarding the minor in the absence of a legal guardian. WARNING: Under Florida 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 activity professional's facility.

Contestant/Legal Guardian Signature Date: _____

Adult accompanying minor Signature Date: _____