

SHOW DATE: _____ NUMBER: _____

HORSE NAME: _____

RIDER: _____ PHONE: _____

OWNER: _____ PHONE: _____

CLASS NUMBERS ENTERED

I hereby enter the above listed horses at my own risk and subject to all rules and regulations of the Chagrin Valley Farms Horse Show. I further agree that if any damage be occasioned, or loss occur to the horses exhibited, to any vehicle, article or person which I may send with such horses, I will make no claim against CHAGRIN VALLEY FARMS STABLES.

OWNER SIGNATURE: _____ PRE-ENTRY FEES: _____

ADDRESS: _____ POST-ENTRY FEES: _____

RIDER SIGNATURE: _____ STABLING: _____

Parent or Guardian if under 18

TOTAL: _____

ADDRESS: _____ PAID: _____

BALANCE: _____

MAIL ENTRIES TO: CVF, P.O. BOX 714, CHAGRIN FALLS, OHIO 44022