

CHATTANOOGA-CLEVELAND CHARITY HORSE SHOW

June 13-17, 2017

Entries Postmarked after May 12 Pay Post Entry Fees

(For Horse's Name to Appear on Souvenir T-Shirts Entries must be Received by May 12)

www.theccchs.com

Make checks payable to:

CCCHS

Non-US checks must be marked "Payable in US Funds"

Mail To: Beth Snider

65 Old Taylorsville Road

Shelbyville KY 40065

Phone 502 314 7960 or Fax 502 633 6207

E-Mail: bethandscott@kih.net

ONE HORSE PER ENTRY BLANK

PLEASE PRINT OR TYPE (Fill out completely)

OWNER _____ ASHA Membership Number _____

Address _____ City/State/Zip _____

Phone _____ Cell Phone # _____ E-Mail _____

TRAINER _____ ASHA Membership Number _____

Address _____ City/State/Zip _____

Phone _____ Cell Phone # _____ E-Mail _____

RIDER/DRIVER/HANDLER _____ ASHA Membership Number _____

DOB (If Jr. Exhibitor) _____

Address _____ City/State/Zip _____

Phone _____ Cell Phone # _____ E-Mail _____

Make Prize Money Check Payable to: _____ **Social Security/Tax ID** _____

Address _____ **City/State/Zip** _____

Office use	Horse Name					Registration #	
Color	Sex		Age		Height		
Class #						Total Fees	
Entry Fee							

	Total Entry Fees	\$	Stable With: (must appear on both entry forms) <hr/> Stalls Available Monday, June 12 (For Earlier Arrival, call Dewey Bass at (502) 295-7244) Arrival Date: <hr/> Hotel while at CCCHS: <hr/> Emergency # <hr/>
#	Post Entry Fee @ \$25.00 per Horse after May 12	\$	
#	Horse Stalls @ \$100.00 per Stall	\$	
#	Office Fee @ \$15.00 per Horse	\$	
#	Shavings @ \$7.00 per Bag	\$	
#	Box Seats (Seats 6) @ \$150.00 per Box	\$	
#	Ringside Parking @ \$150.00 per Parking Spot	\$	
#	RV Space @ \$35.00 per Day/Night (MUST PRE-ORDER by calling Mack Hess (423) 667-0601)	\$	
#	Other	\$	
#	Sponsorships	\$	
#		\$	
#		\$	
	TOTAL REMITTANCE	\$	
	Credit Card Payment: _____ Visa _____ MC		
	Number: _____		
	CCV Code: _____ Billing Zip Code: _____		
	Name on card: _____		

ENTRY AGREEMENT ON THE BACK MUST BE SIGNED Signed: YES No

CHATTANOOGA-CLEVELAND CHARITY HORSE SHOW

RELEASE OF LIABILITY

I AGREE that neither the Chattanooga-Cleveland Charity Horse Show, Inc., the Tri-State Exhibition Center, Bradley County, the State of Tennessee, the show management nor the officials of the show, nor any affiliated or participating organizations, will be responsible for any accident, damage, loss or injury to mount, owner, rider or other persons or property. It will be the condition of entry that each exhibitor shall hold the horse show and its management blameless for any loss or accident to any animal, person or property that may occur at the show. Under Tennessee law, an equine professional or sponsoring organization is not liable for any injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities pursuant to T.C. A. Title 44, Chapter 20, 101-105.

I hereby enter the above horse at my own risk and agree to release the Chattanooga-Cleveland Charity Horse Show, it's agents, employees and/or any landholder of all liabilities or responsibilities in case of accident, loss or injury in any way connected with the show and agree to indemnify and hold harmless the Chattanooga-Cleveland Charity Horse Show in the event of any such liability of responsibility of any owner, lessee, trainer, agent, employee, rider/driver or any other person representing the same in case of accident, loss or injury in any way connected with the show. Furthermore, I agree to ride at my own risk and hold harmless any other owner or exhibitor from any accident or injury sustained by me or my horse while exhibiting.

RIDER/DRIVER/HANDLER (Mandatory)

Signature Required (Parent/Guardian if under 18)

Signature: _____

Print Name: _____

OWNER/AGENT (Mandatory)

Signature Required (Parent/Guardian if under 18)

Signature: _____

Print Name: _____

TRAINER (Mandatory)

Signature Required (Parent/Guardian if under 18)

Signature: _____

Print Name: _____

PARENT/GUARDIAN SIGNATURE (Required if Rider/Driver/Handler is a Minor)

Minor's Name: _____

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Emergency Contact Phone Number: _____