



Rider					
Address					
City		State		Zip	
Horse					

**Click Box
to Select**

[illegible]

I understand that, if I attend this show, I do so at my own risk. Neither Beland Stables, Inc., or anyone acting on their behalf, accepts any responsibility for accidents, damage, injury, or illness to horses, owners, riders, employees, attendants, spectators, or any other persons in connection with this show. I agree that I am financially responsible for the entry fees selected above, and will pay on or before the closing date of the show or my rides will be cancelled. Anyone, after submitting this form, that fails to pay the required fee may not be able to participate in future shows. I understand that a \$ late fee is due, if this entry is not **at the farm** by the closing date.

Riders signature. If rider is under 18, signature of parent or legal guardian._____

Name						Address					
City		State		Zip		Phone	Email				