NAME OF HORSE

2016 SPRING NATIONAL SERIES-FOX LEA FARM + \$25,000 GRAND PRIX

I: APRIL 28 - MAY 1_____ II: MAY 19-22____ III: MAY 26-29_

USEF/ USHJA REGISTRATION #

Check Box If Horse Is NON-SHOWING

(MARK ALL SHOWS ATTENDING; ENTRY INFORMATION WILL BE ENTERED, CLASSES WILL NOT BE ROLLED OVER AFTER FIRST SHOW.

PLEASE CHECK WITH OFFICE AT BEGINNING OF EACH SHOW TO VERIFY CORRECT CLASSES ARE ENTERED)

NAME OF	RIDER				AGE ASPCA # CLASSES			NTERED	JUMP HEIGHT				
				JR AM						\Box		Address	
1st Rider	U.S. Citizen?	yes	no	PRO							STABLE WITH TRAINER	STALL RESERVATIONS:	
2nd Rider	U.S. Citizen?	yes	no	JR AM PRO						IN CA	ASE OF EMERGENCY CONTACT #:	BOTH ENTRY FORM & STALL FEE REQUIRED TO GUARANTEE STALLS	
FLORIDA SENAT	TE BILL 1658.CHAP	TER 773	."EQUINE ZEF		J Y STATUTE" WA	RNING:UNDER FLORIDA I	LAW. AN EQUINE ACTIVITY SPONS	SOR OR EQUINE PROFESSIONAL IS NOT LI	ABLE FOR AN	_ -	Where are you staying? Hotel:	CALL/TEXT 941-809-6361 941-809-6365	
INJURY TO, OR IFOX LEA FARM II Make kind or nature, to may sustain by a nud exhibitors of the sustain by and exhibitors of the sustain by and exhibitors of the sustain by and exhibitors of the sustain by a sustain	INUNEY TO, OR DEATH OF, A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERNT RISS OF EQUINE ACTIVITIES. FOR LEA FARMIN RELEASE: larger that if any damage shall be occasioned or loss occut, by fire or otherwise, to the horses shiblted by mere or horse shiblted by mere or horses shiblted by mere or horse shibled by mere or horse shiblted by mere or horse shibled by mer												
Owner/Agent Signature				Trainer Signature			Rider 1 Sign	Rider 1 Signature			Rider 2 Signature		
Owner's Name				_ Trainer's Nam	e	Rider's Nam	Rider's Name			Rider's Name			
Address	Address				Address		Address	Address			Address		
City				City		City	City			City			
State	StateZip			StateZip		State	StateZip		StateZip				
Telephone ()					Telephone ()	Telephone (Telephone ()					
Owner's L	Owner's USEF#			Trainer's USEF#		Rider's USE	Rider's USEF#		Rider's USEF#				
	MONEY YER INFORM BE COMPLE		ON .			cide with SS # or EIN #) Federal ID Number		Prize Money Payee Address					

GREEN 1/2 BREED COLOR SEX HEIGHT AGE

PAYMENT INFORMATION

We honor: Visa, Master Card, Discover & American Express

CID

Card Holder's name

Signature

Expiration Date

Month/Year