

ONLY ONE HORSE PER FORM

# SHOWCASE HORSE SHOW SERIES

Date of Show \_\_\_\_\_ Horse # \_\_\_\_\_

**OWNER OR AUTHORIZED AGENT INFORMATION**

NAME OF OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

TELEPHONE: ( ) \_\_\_\_\_ EMAIL \_\_\_\_\_

IEHJA # \_\_\_\_\_ USHJA # \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

SHOWCASE TRAINING STABLES  
 28311 LIVE OAK CANYON ROAD  
 REDLANDS 92373  
**For more information**  
**(909) 798-9479**

**Please mail entries to the address above**  
**Entry form must be completed in its entirety**

**TRAINER INFORMATION**

NAME OF TRAINER: \_\_\_\_\_

NAME OF BARN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

TELEPHONE: ( ) \_\_\_\_\_ EMAIL \_\_\_\_\_

IEHJA # \_\_\_\_\_ USHJA# \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

RIDER #1 ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

DOB OF MINOR RIDER : \_\_\_\_\_ EMAIL \_\_\_\_\_

IEHJA # \_\_\_\_\_ USHJA # \_\_\_\_\_

SIGNATURE OF RIDER \_\_\_\_\_

SIGNATURE PARENT OR GUARDIAN OF MINOR \_\_\_\_\_

EMERGENCY CONTACT FOR RIDER \_\_\_\_\_

EMERGENCY NUMBER \_\_\_\_\_

**THOROUGHBRED INCENTIVE PROGRAM**

Mandatory To Report Points

T.I.P. Horse Reg Name \_\_\_\_\_

T.I.P. Number \_\_\_\_\_

Horse-Show name \_\_\_\_\_

Rider Name \_\_\_\_\_

RIDER #2 ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

DOB OF MINOR RIDER : \_\_\_\_\_ EMAIL \_\_\_\_\_

IEHJA # \_\_\_\_\_ USHJA # \_\_\_\_\_

SIGNATURE OF RIDER \_\_\_\_\_

SIGNATURE PARENT OR GUARDIAN OF MINOR \_\_\_\_\_

EMERGENCY CONTACT FOR RIDER \_\_\_\_\_

EMERGENCY NUMBER \_\_\_\_\_

HORSE INFORMATION					RIDER INFORMATION			CLASSES ENTERED								
NAME				IEHJA #	#1	AGE										
Age	Color	Sex	Ht.	USHJA #	#2	AGE										

By signing above, I agree to indemnify and save harmless the Showcase Horse Show Series (hereinafter "show"), Showcase Training Stables (hereinafter "stables"), Inland Empire Hunter Jumper Association (hereinafter "IEHJA") and United States Hunter Jumper Association (hereinafter "USHJA"), Greater San Diego Hunter Jumper Association (hereinafter "GSDHJA"), Thoroughbred Incentive Program (hereinafter "TIP"), all and singular, the directors, officers, members, employees and agents thereof from and against any and all loss, costs or expenses, or any claim there-of, of whatever nature arising or to arise, for and on account, or by reason of the entry or entries hereby made. I hereby represent and agree that in the event that the entries hereby made are for and on behalf of an exhibitor under the age of 18 years, that I am one of the parents of such minor, or duly appointed legal guardian of such minor, and as such, entitled to make this entry for and on behalf of such minor, and I further hereby represent and agree that in the event that the entry hereby made for and on behalf of another person other than a minor under the age of 21 years, I have full authority and privilege from such person to make such entry for and on behalf of such other person.

Every entry shall constitute an agreement and affirmation that the person making it, owner, lessee, trainer, manager, agent, coach, driver, rider and the horse: (1) shall be subject to the local rules of the show, stables and IEHJA, USHJA, GSDHJA, TIP; (2) that every horse, rider, and/or driver is eligible as entered; (3) that the owner and any of its representatives are bound by the rules of the show, stables and IEHJA, USHJA, GSDHJA, and TIP and will accept as final the decision of the hearing committee on any question arising under said rules and agree to hold the show, stables and IEHJA, USHJA, GSDHJA, TIP, their officials, directors and employees harmless for any action taken; (4) that the owner, rider/driver and any of their agents or representatives agree to hold the show, stables and IEHJA, USHJA, GSDHJA, TIP, and their officials, directors, employees and agents harmless for any injury or loss suffered during or in connection with the show, whether or not such injury or loss resulted directly or indirectly from negligent acts of said officials, directors, employees or agents of the show, stables or IEHJA, USHJA, GSDHJA, or TIP.

**NO ENTRIES ACCEPTED  
 UNLESS  
 ACCOMPANIED BY A CHECK**

**MAKE CHECKS  
 PAYABLE TO:  
 GRETCHEN CLARK, SHSS**

**OFFICE USE ONLY**

Check # \_\_\_\_\_

Cash \_\_\_\_\_

Amt. pd. \_\_\_\_\_

In \_\_\_\_\_

Out \_\_\_\_\_

**Office Use Only**

Total Class Fees		\$ _____
Warm Up Tickets \$15 each	# _____	\$ _____
	# _____	\$ _____
	# _____	\$ _____
	# _____	\$ _____
Stall Fee		\$ _____
SHSS Year End High Point \$25 per year		\$ _____
Early Entry Discount	-\$10	\$ _____

**Mandatory fees**

Office Fee	\$12	\$ _____
Grounds Fee	\$12	\$ _____
EMT Fee	\$7	\$ _____
Drug Fee	\$5	\$ _____
IEHJA Fee	\$2	\$ _____
GSDHJA Fee	\$10	\$ _____
USHJA Fee	\$2	\$ _____
<b>Total</b>		\$ _____