Huntermark Fall Festival

Entry #: _____

Horse's Name: _____

Sex: _____ Color: _____ Age: _____ Height: _____

Owner: _____

Owner's address: _____

City/State/Zip: _____

Phone: _____

email: _____

CIRCLE OR HIGHLIGHT YOUR

CLASSES ON THE OTHER SIDE

Rider 1 Name: _____

Class #s (if 2 riders): _____

Address: _____

City/State/Zip: _____

Phone: _____

email: _____

Rider 2 Name: _____

Class #s (if 2 riders): _____

Address: _____

City/State/Zip: _____

Phone: _____

email: _____

Trainer's Name: _____

Huntermark Farm, Atlas Equestrian Center, their employees and volunteers, and members of the Mathias, Rock, and/or Robinson families are not liable for any injury to horses, exhibitors, spectators, vehicles, employees, or volunteers. They will not be held responsible for any article lost, stolen, or destroyed.

This event is covered by the Equine Activities Act.

I certify that this horse and rider are eligible as entered, and agree to be bound by the rules.

(Parent/Guardian if under 18)
Rider 1 Signature: _____

(Parent/Guardian if under 18)
Rider 2 Signature: _____