



FOR SHOW QUESTIONS:

Contact Amy Hutchison at: 763-229-1784

Or visit MNHSS.com

Send entry with **check**, **Coggins**, and **orders for stall** and **advance shavings by FRIDAY JUNE 7**th to:

Tara Perkins 11711 283rd Ave NW Zimmerman, MN 55398 (763) 238-9680 Mnhorseshowservices@gmail.com

ONE OWNER PER ENTRY Stable:

	Name & Registration #	RIDER/DRIVER (w/City/State if	Jr Rider		Class	Class	Class	Class	Class	Total Fees
Office #	HORSES (no more than 3)	different from owner)/ASHBA#	Age/DOB							
	Horse1			Class						
				Fee						
	Horse2			Class						
				Fee						
	Horse3			Class						
				Fee						

This Summerfest Horse Show, its employees or the owners of the show grounds, will not be responsible for any loss, personal injury or damage to horses exhibited or for any article of any kind or nature that may be lost or destroyed or in any way damaged. Each exhibitor will be responsible for any injury that may be occasioned to any person or any animal or damage to any property while on the grounds by any horse owned or exhibited by him and shall indemnify the management and its staff against all legally established claims or damages of any kind or nature that may grow out of any injury occasioned by horse owned or exhibited by him. Presentation of this entry blank shall be deemed acceptance of these rules. The terms listed above are accepted by the undersigned.

THIS ENTRY FORM MUST BE SIGNED BY OWNER OR AGENT TO BE HONORED.

Owner or Agent's Sign	ature		
Owner's Name (print)		ASHBA #	
Address			
City:	State/Zip	Tel#	
Trainer's Name		ASHBA #	
Rider 1 Signature	Rider 2 Signature	Rider 3 Signature	
Signature is required o	of Parent(s) if exhibitor is under	18 years of age	
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		Class	s fees		
	Box Stal	ls	125.00		
	Double Stalls			200.00	
	Tack Stalls			125.00	
	Office Fee - Per Horse			30.00	
	Class Sponsor - Regular			40.00	
	Class Sponsor & Patron Table			145.00	
	Patron Table Only			125.00	
	Shavings			10.00	
	Camping Hook Up For Weekend			75.00	
	Late Fee – After Thursday 5PM			25.00	
PRE-EI	NTERED C	osts			
Paid:	Cash	Ck #	Amo	ount	
	BELC	W FOR OFFICE	USE ONLY		
TO					
Paid:	aid: Cash Ck# Amount				·