

OFFICIAL ENTRY BLANK

ANNUAL MARSHALL LIONS CLUB CHARITY HORSE SHOW

MAIL COMPLETED FORMS TO:
 DUDLEY SWOFFORD
 504 DENISE DR.
 Marshall, Texas 75672
 Phone: 903.938.6946

TEXAS STATE ANIMAL HEALTH COMMISSION REQUIREMENTS AND FEDERAL HORSE PROTECTION ACT OF 1970 WITH CURRENT REVISIONS MUST BE MET FOR ALL HORSES, INCLUDING OUT-OF-STATE HORSES. A NEGATIVE COGGINS TEST WITHIN TWELVE MONTHS OF THE SHOW DATE WILL BE REQUIRED FOR ALL HORSES. NOTICE, THIS MUST BE THE ORIGINAL CERTIFICATE OR COPY CERTIFIED AND SIGNED BY THE ORIGINAL VETERINARIAN.

SHOW CHAIRMAN:
 BEN BANE
 209 DEAN DRIVE
 Marshall, Texas 75672
 Phone: 903.938.4726

I ENCLOSE REMITTANCE FOR \$ _____ COVERING FEES AS FOLLOWS:

NOTE: Stalls will be available on a first come first served basis. The management of the show will assign the stalls to all horses. Fees payable in advance. No stalls will be reserved unless payment accompanies reservation. The management reserves the right to not assign tack stalls if needed for horses.

PLEASE WRITE OR PRINT PLAINLY USING ONE CLASS PER LINE

c	Class	Rider Number	Horse's Name and	Rider Name and	Trainers Name, license	Owner's Name and Address	Entry Fee
			Registration Number	Amateur, Juvenile No.	Number and Address		
				Amateur: Juvenile:			\$
				Amateur: Juvenile:			\$
				Amateur: Juvenile:			\$
				Amateur: Juvenile:			\$
				Amateur: Juvenile:			\$
				Amateur: Juvenile:			\$

STALLS WILL BE ASSIGNED AS CHECKS FOR STALLS AND ENTRY FEES ARE RECEIVED

Under Texas Law (Chapter 87, Civil Practice and Remedies Code), an Equine Professional is not liable for an injury to or death of a participant in equine activities resulting from the inherent risks of equine activities. THEREWITH RELEASE THE MARSHALL LIONS CLUB, SHOW MANAGEMENT, THE MARSHALL CITY ARENA, FROM ALL RESPONSIBILITY TO HORSES, EQUIPMENT, PERSONS, AND/OR PROPERTY ARISING FROM ANY CONNECTION WITH THIS SHOW, INCLUDING ACCIDENTS, FIRE, THEFT, LOSS OR DAMAGE FOR ANY REASON.

STABLE NAME: _____
 ADDRESS: _____
 CITY: _____
 STATE: _____ ZIP _____

HEAD TRAINER _____
 ADDRESS _____
 CITY _____ ST _____ ZIP _____

 SIGNED _____
 (AUTHORIZED REP.)
 ADDRESS _____
 CITY _____ ST _____ ZIP _____

Total Entry Fees: \$ _____
 Stalls at \$50.00 ea. \$ _____
 Tack Rooms @\$50.00 ea. \$ _____
 DQP @\$10.00 per entry \$ _____
 TOTAL: \$ _____