33rd KENTUCKY SPRING PREMIER HORSE SHOW

ACADEMY ENTRY FORM

April 9, 2022 Kentucky Horse Park, Lexington, Kentucky Entries close April 5. 2022

| One Horse per entry Blank Make checks payable to: KENTUCKY SPRING PREMIER HORSE SHOW Entries may be paid by credit card below. | | | Mail To: Kentucky Spring Premier Horse Show 956 Hill Rd. Paris, KY 40361 859-457-0841/loriluvshorses@yahoo.com |
|---|------------------------|---------------------|---|
| 0 | PLEASE PRINT OR TYPE (| Fill out completely | |
| Owner | | | · |
| Address | | _ City/State/Zip | |
| | | | |
| Trainer/Instructor | | | Stable |
| Address | | _ City/State/Zip_ | |
| Phone # | Cell Phone # | | email |
| Signature | | | |
| | | | |

| | Office Use Only | Class | Rider/Handler | Age | City/State | Fee |
|---|-----------------|-------|---------------|-----|------------------|-----|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| | | | | | Total Entry Fees | |

SECTION 10: KENTUCKY FARM ANIMAL ACTIVITY LIABILITY ACT WARNING: Under Kentucky law, a farm animal activity sponsor, farm animal professional, or other person does not have the duty to eliminate all risks of injury of participation in farm animal activities. There are inherent risks of injury that you voluntarily accept if you participate in farm animal activities.

I hereby enter the above horses and riders at my own risk and subject to the rules and regulations of the Show. I further agree that if any damage is occasioned or loss occurs to the horses exhibited, to any vehicle or other articles which I may send with said horses, I will make no claim therefore against the Kentucky Spring Premier Horse Show or any participating organizations.

| | TOTAL ENTRY FEES | \$ |
|---|------------------------------|-------------|
| # | STALLS @ \$175 EACH (week) | \$ |
| # | STALLS \$60 ACADEMY DAY ONLY | \$ |
| # | OFFICE FEE PER ENTRY | \$ 20.00 |
| | TOTAL REMITTANCE | \$ |
| | | |

| CHECK # | AMOUNT \$ | DATE RECEIVED | WE ALSO ACCEPT: VISA | MASTER CARD | | |
|-----------|-------------------------------|---------------|-----------------------|-----------------------|--|--|
| CARD # | | | EXPIRATION DATE | SECURITY CODE | | |
| CARD HOLD | RD HOLDER NAME (please print) | | CARD HOLDER SIGNATURE | CARD HOLDER SIGNATURE | | |
| | | | | | | |

ALL HORSES MUST HAVE NEGATIVE COGGINS TEST PERFORMED WITHIN 12 MONTHS OF SHOW, AND HEALTH PAPERS FOR ALL HORSES CURRENT WITHIN 30 DAYS

| (| CHECK # | AMOUNT \$ | DATE RECEIVED | |
|---|---------|-----------|---------------|--|
| | | | | |