

# 35<sup>th</sup> KENTUCKY SPRING PREMIER HORSE SHOW

April 3 - 6, 2024

Entries close March 22, 2024

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  
 500 Laketower Drive # 43  
 Lexington, KY 40502  
 859-333-1406/cewalker9876@yahoo.com

PLEASE PRINT OR TYPE (Fill out completely)

Owner \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ email \_\_\_\_\_

Trainer \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ email \_\_\_\_\_

Rider/Driver/Handler \_\_\_\_\_

Make Checks payable to: \_\_\_\_\_ Social Security /Tax ID \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Office use	Horse Name	Color	Sex	Age	Breed Reg #
Class #					Total Fees
Entry Fee					

	TOTAL ENTRY FEES	\$
#	STALLS @ \$175 EACH	\$
#	OFFICE FEE PER ENTRY	\$ 30.00
#	EQUINE SPORT COUNCIL FEE PER HORSE	\$ 15.00
	TOTAL REMITTANCE	\$

EVERY ENTRY AT A SHOW THAT PAYS THE EQUINE SPORTS COUNCIL EXHIBITION FEE AND IS EXHIBITED AND JUDGED ACCORDING TO THE ESC RULES AND GUIDELINES SHALL CONSTITUTE AN AGREEMENT AND AFFIRMATION THAT: (1) THE OWNER, AGENT, LESSEE, TRAINER, MANAGER, COACH, DRIVER AND RIDER AND ANY OF HIS/HER REPRESENTATIVES ARE BOUND BY THE SHOW RULES; (2) THAT EVERY HORSE, RIDER, AND/OR DRIVER IS ELIGIBLE AS ENTERED; (3) THEY AGREE TO ACCEPT AS FINAL THE DECISION OF SHOW MANAGEMENT ON ANY QUESTION ARISING UNDER SAID RULES, AND AGREE TO HOLD THE SHOW, EQUINE SPORTS COUNCIL, 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, EQUINE SPORTS COUNCIL, AND THEIR OFFICIALS, DIRECTORS, EMPLOYEES AND AGENTS HARMLESS FOR ANY INJURY OR LOSS SUFFERED DURING OR IN CONJUNCTION WITH THE SHOW, WHETHER OR NOT SUCH INJURY OR LOSS RESULTED DIRECTLY OR INDIRECTLY FROM THE NEGLIGENT ACTS OR OMISSIONS OF SAID OFFICIALS, DIRECTORS, EMPLOYEES OR AGENTS OF THE SHOW OR EQUINE SPORTS COUNCIL.

I hereby enter the above horses and riders at my own risk and subject to the rules and regulations of the State of Kentucky and 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.

SIGNATURE \_\_\_\_\_ EMERGENCY CONTACT PHONE \_\_\_\_\_

CHECK # \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_ WE ALSO ACCEPT: VISA \_\_\_\_\_ MASTER CARD \_\_\_\_\_

(4% cc fee will be charged)

CARD # \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_ SECURITY CODE \_\_\_\_\_

CARD HOLDER NAME (please print) \_\_\_\_\_ 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 \_\_\_\_\_