

Big D Charity Horse Show

ACADEMY ENTRY FORM

April 27-April 30, 2017

Make checks payable to:
Big D Charity Horse Show

Mail To: Big D Charity Horse Show
P.O. Box 868037
Plano TX 75086-8037
Phone (972) 612 8007

PLEASE PRINT OR TYPE (Fill out completely)

Trainer/Instructor _____ Stable _____

Address _____ City/State/Zip _____

Phone # _____ Cell Phone # _____ Email: _____

	Office Use	Class #'s	Horse's Name	Rider/City State	Age of Rider	Fee
1						
2						
3						
4						

	TOTAL ENTRY FEES	\$
#	STALLS @ \$125.00	\$
#	OFFICE FEE PER RIDER \$20.00	\$
#	SHAVINGS PER BAG @\$8.00 – 3.5 cubic feet loose bag (small flake)	\$
#	SHAVINGS PER BAG @\$11.00 – 10 cubic feet compressed bag (large flake)	
	RV/CAMPER HOOK UP See http://fortworthtexas.gov/publicevents/rvparking	
#	BOX SEATS \$300.00	\$
#	SPONSORSHIPS	\$
	TOTAL REMITTANCE	\$

Every entry shall constitute an agreement that the person making it, owner, lessee, trainer, manager, agent, coach, rider and the horse shall be subject to the ByLaws and the Rules of USEF and the local rules of BDCHS. Further it shall constitute a declaration that the horse and/or rider is eligible as entered and that the owner and all of his representatives are bound by the ByLaws and Rules of the USEF and the BDCHS and accept as final the decision of the Hearing Committee on any questions arising under said Rules, and agree to hold the BDCHS and USEF, their officials, directors and employees harmless for any action taken. I hereby enter the above horse(s) at my own risk and agree to release the BDCHS, its agents, employees and/or any land holder, of all responsibilities in case of accident, loss or injury in any way connected with the show.

Owner Signature: _____ Trainer Signature: _____

Rider/Parent Signature: _____ Stable With: _____

Address While In Ft. Worth: _____ Date/Time of Arrival: _____

ALL HORSES MUST HAVE A NEGATIVE COGGINS TEST PERFORMED WITHIN 12 MONTHS OF THE SHOW AND HEALTH PAPERS CURRENT WITHIN 42 DAYS. HORSES ENTERING THE GROUNDS MUST BE ACCOMPANIED BY DOCUMENTATION OF EQUINE INFLUENZA AND EQUINE HERPES VIRUS (RHINOPNEUMONITIS) VACCINATIONS WITHIN SIX MONTHS PRIOR TO ENTERING THE STABLES. – USEF GR 845. PLEASE BRING COPIES TO THE OFFICE WITH YOU WHEN YOU CHECK IN.