Rider Number (For PC entry)

_____

FLEET EQUESTRIAN CENTER
WESTERN FUN HORSE SHOW

Coggins Pull Date _____

v'd by _____

Exhibitor Information

Rider Name_____Dob/Age_____

Address_____

Email_____ Phone_____ Emergency Phone_____

Parent/Guardian Name _____ Emergency Contact_____

Horse Identification

Horse 1 Name_____ Show/Registered Name_____

Horse 2 Name_____ Show/Registered Name_____

Event #		Horse	Event #		Horse
___	1 Beginner Barrels (4-7) w/j		___	14 Pole Bending (9&under)	
___	2 Beginner Barrels (8-11) w/j		___	15 Pole Bending (10-12)	
___	3 Novice Barrels (6-9) j/l		___	16 Pole Bending (13-15)	
___	4 Novice Barrels (10-13) j/l		___	17 Pole Bending (16-18)	
___	5 Clover Leaf Barrels (9&under)		___	18 Pole Bending OPEN	
___	6 Clover Leaf Barrels (10-12)		___	19 Beginner Texas Barrels (4-7)w/j	
___	7 Clover Leaf Barrels (13-15)		___	20 Beginner Texas Barrels (8-11) w/j	
___	8 Clover Leaf Barrels (16-18)		___	21 Novice Texas Barrels (6-13) j/l	
___	9 Open Barrels		___	22 Texas Barrels Open	
___	10 Beginner Poles (4-7) w/j		___	23 Speed Barrel	
___	11 Beginner Poles (8-11) w/j		___	24 Bean Bag Race	
___	12 Novice Poles (6-9) j/l		___	25 Ride-A-Buck	
___	13 Novice Poles (10-12) j/l		___	26 Christmas Costume	

Total number of Events ____ $12 Per Event $_____

Total number of Barrel Exhibitions ____ Poles ____ $5 per practice run $_____

MAKE CHECKS PAYABLE TO: If Wishes Were Horses

TOTAL AMOUNT $_____ Entry Date _____ Check #_____Cash __ Venmo__ PP__ CA__ Zelle__

The undersigned agree to hold harmless Fleet Equestrian Center, LLC, If Wishes Were Horses, Inc, its agents, board members, volunteers, & guests, against any form or claim of injury, theft, loss, or damage to person(s) or property."UNDER SOUTH CAROLINA LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR THE INJURY TO OR THE DEATH OF A PARTICIPANT IN AN EQUINE ACTIVITY RESULTING FROM THE INHERENT RISK OF EQUINE ACTIVITY, PURSUANT TO ARTICLE 7, CHAPTER 9 OF TITLE 47, CODE OF LAWS OF SOUTH CAROLINA."

Participant Signature _____ Date_____

Parent/Guardian Signature (18/-)_____ Date_____

2142 Hicklin Bridge Rd Edgemoor, SC 29712 Contact 803-517-4563