

MAKE CHECKS PAYABLE TO:
MID-STATES MORGAN HORSE CLUB, INC.

And mail to:
SAMANTHA BLOME
 5211 Leichester Court
 Lincoln, NE 68516

Academy Entry Form



Age must be included.

OFFICE USE	CLASS NUMBER	NAME OF HORSE	RIDER (enter address of rider on back of form)	AGE	ENTRY FEE

STABLE NAME: _____

ADDRESS: _____

PHONE: _____

I hereby certify that every horse and/or rider is eligible as entered. I make these entries at my own risk and I am subject to the rules of the show, I agree for myself and my representatives to be bound thereby. I hereby engage to be responsible for any injury or damage that may occur to or be caused by any animal ridden by me. The undersigned agrees to hold Mid States Morgan Horse Club, Inc. Prairie State Class, their employees and show management harmless For loss or injury to any horse or rider.

STABLE OWNER SIGNATURE: _____

ENTRIES @\$25 per class....._____

CHAMPIONSHIPS @\$45....._____

POST ENTRY FEE @\$25....._____

OFFICE FEE @\$30 per rider_____

STALLS @\$115....._____

SHAVINGS @\$10 per bag....._____

TOTAL AMOUNT ENCLOSED....._____

