

**ONE ENTRY FORM PER OWNER**

OWNER:	AMHA #	 <p><b>JUNE 2-4, 2023</b>  <b>BEYOND STABLE FARM</b>  <b>WOODSTOCK, ILLINOIS</b></p>	<p><b>PLEASE MAKE CHECKS PAYABLE TO:</b>  <b>MID-STATES MORGAN HORSE CLUB</b>  <b>AND RETURN WITH ENTRY FORM TO:</b>  <i>SAMANTHA BLOME</i>  <b>5211 LEICHESTER COURT</b>  <b>LINCOLN, NEBRASKA 68516</b>  <b>EMAIL: SBLOME67@AOL.COM</b></p> <p>OR ENTER ONLINE:  <a href="http://HORSESHOWSONLINE.COM">HORSESHOWSONLINE.COM</a></p>	<p><b>ENTRIES</b>  <b>DUE</b>  <b>MAY 15</b></p> <p>Post entries          accepted at \$25          per horse</p>	<p>Although we are not a USEF Show, the Stable's health requirements remain the same. All horses must have negative coggins certificate within the last 12 months, and proof of Rhino/Flu Vaccination within 6 months of entering stable. See USEF rule: GR845 for complete rules.</p>
ADDRESS:	UPHA #				
	ASHA #				
PHONE:					
EMAIL:					
PLEASE STABLE WITH:					

ENTRY #	NAME OF HORSE	REG #	AGE	COLOR	SEX	HEIGHT	RIDER	CLASS	CLASS	CLASS	CLASS	CLASS	TOTAL FEES
								FEE	FEE	FEE	FEE	FEE	

<b>FOR COMPETITION USE:</b>	<b>QUANTITY</b>	<b>ITEM</b>	<b>AMOUNT</b>	<p><b>PLEASE COMPLETE BOTH SIDES OF THIS ENTRY FORM, WITH ALL THE REQUIRED SIGNATURES.</b></p>  <p><b>ACADEMY ENTRIES MUST GO ON SEPARATE FORM.</b></p>
CH # _____ CH AMT _____		TOTAL ENTRY FEES FROM ABOVE		
DATE REC'D _____		OFFICE FEE @\$30 PER RIDER		
MONIES OVER _____ UNDER _____		STALLS @\$120 PER STALL		
EB # _____		CAMPING FEE @\$30 PER NIGHT		
		STALL MATS @\$60 PER STALL		
		SPONSORSHIP AMOUNT		
		SHAVINGS @\$11 PER BAG		
		LATE FEE @\$25 PER HORSE		
<b>CC information-</b> number _____ exp date _____ 3 digit code _____ billing zip code _____	<b>TOTAL</b>	<b>TOTAL AMOUNT DUE</b>		

Under Illinois law, an equine professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities. I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, vaulter, longeur, lessee, owner, agent, coach, trainer, or as parent or guardian of a junior exhibitor. I am fully aware and acknowledge that horse sports and the Competition involve inherent dangerous risks of accident, loss, and serious bodily injury including broken bones, head injuries, trauma, pain, suffering, or death I agree to hold harmless and release the Prairie State Classic Horse Show and Mid States Morgan Horse Club, Inc from all claims for money damages or otherwise for any harm to me or my horse and for any harm of any nature caused by me or my horse to others, even if the harm arises or results, directly or indirectly, from the negligence of the competition. 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 Classic, their employees and show management harmless for loss or injury to any horse or rider.

<b>RIDER/DRIVER/HANDLER #1</b>		ADDRESS	PHONE/EMAIL
<b>RIDER/DRIVER/HANDLER #2</b>		ADDRESS	PHONE/EMAIL
<b>TRAINER</b>		ADDRESS	PHONE/EMAIL
<b>PARENT OR GUARDIAN</b>		ADDRESS	PHONE/EMAIL
	OWNER	RIDER	TRAINER
AMHA #			
UPHA #			
ASHA#			