

ONE (1) OWNER PER FORM

NOT RECOGNIZED BY USEF

ENTRIES CLOSE JUNE 14, 2008

Entries postmarked after June 14, 2008 will be charged a post entry fee

OWNER		
_____ Printed Name of Legal Owner		
_____ Signature of Owner or Agent		
_____ Street or P.O. Box of Owner		
_____ City of Owner	_____ State	_____ Zip
_____ Phone No. of Owner		

COMPLETE BOTH SIDES OF THIS FORM

89th Annual

**SANTA BARBARA
NATIONAL HORSE SHOW**

**July 2-5, 2008
Earl Warren Showgrounds
Santa Barbara, CA**

TRAINER		
_____ Printed Name of Trainer		
_____ Trainer's Signature (If no Trainer, Owner Must Sign – Mandatory)		
_____ Street or P.O. Box of Trainer		
_____ City of Trainer	_____ State	_____ Zip
_____ Phone No. of Trainer		

Enter only Open Division on this form

LEAVE RI ANK	NAME OF HORSE	CLASS NUMBERS				RIDER	TOTAL FEES

Horse Registration # _____

OFFICE USE ONLY	
AMOUNT PAID _____	FOR #S _____
CHECK # _____	RECEIPT _____
_____ OPEN CHECK	

MAKE ALL CHECKS PAYABLE TO:

**SANTA BARBARA
NATIONAL HORSE SHOW**

MAIL ENTRIES TO:

**Horse Show Office, Showgrounds
P.O Box 3006
Santa Barbara CA 93130-3006
(805) 687-8711**

ENTRY FEES.....\$ _____
 POST ENTRIES (See Rule 10)\$ _____
 OFFICE CHARGE, Per Horse @ \$15.....\$ _____
 BOX STALLS, No First Bedding @ \$100.....\$ _____
 GROUNDS FEE (Horse not requiring stall) @ \$25.....\$ _____
 CA DRUG FEE, Per Animal @ \$5\$ _____
 SEASON BOX SEATS (See Page 6).....\$ _____
 SPONSORSHIP.....\$ _____

STABLE ME WITH _____

TOTAL FEES ENCLOSED\$ _____

EVEN IF ENTRY IS PAID IN FULL, AN OPEN CHECK MUST BE SUBMITTED BEFORE EXHIBITOR NUMBERS WILL BE RELEASED.

SIGNATURES REQUIRED IN THREE (3) PLACES (at X) BELOW

ENTRIES NOT SIGNED WILL NOT BE ACCEPTED

Carefully READ This Agreement BEFORE SIGNING

Every entry made on this entry blank shall constitute an agreement and affirmation that all participants (which shall include, without limitation, the owner, lessee, trainer, manager, agent, coach, driver, rider, handler and the horse) for themselves, their principles, representatives, employees and agents: (1) shall be subject to the rules of the SANTA BARBARA NATIONAL HORSE SHOW and the 19TH DISTRICT AGRICULTURAL ASSOCIATION and will accept as final the decision of the hearing committee on any question arising under said rules, and agree to hold the above, its officers, directors, and employees harmless for any action taken; and (4) agree that they participate voluntarily in the competition fully aware that horse sports and the competition involve inherent dangerous risk of serious injury or death and by participating they expressly assume any and all risks of injury or loss, and they agree to indemnify and hold the shall be subject to the rules of the SANTA BARBARA NATIONAL HORSE SHOW and the 19TH DISTRICT AGRICULTURAL ASSOCIATION and their officers, directors, employees and agents harmless from and against all claims including for any injury or loss suffered during, or in connection with, the competition, whether or not such claim, injury or loss resulted, directly or indirectly, from the negligent acts or omissions of said officers, directors, employees or agents of the shall be subject to the rules of the SANTA BARBARA NATIONAL HORSE SHOW and the 19TH DISTRICT AGRICULTURAL ASSOCIATION.

The signatures of each side of this entry form indicate that each of us has read and understands the above.

I hereby represent and agree that in the event that the entries hereby made are made for and on behalf of an exhibitor under the age of 21 years, that I am one of the parents of such minor, or duly appointed legal guardian of such minor, and as such, entitled to make this entry for and on behalf of such minor, and I further hereby represent and make this entry for and on behalf of such minor, and I further hereby represent and agree that in the event that the entry hereby made for and on behalf of another person other than a minor under the age of 21 years; I have full authority and privilege from such other person to make such entry for and on behalf of such other person.

SIGNATURES ON EACH SIDE OF THIS DOCUMENT INDICATE THAT EACH HAS READ AND UNDERSTANDS THE ABOVE

X _____
SIGNATURE OF RIDER, DRIVER, HANDLER

Print Rider/Driver/Handler #1 Name _____

Rider/Driver/Handler #1 Address _____

City/State/Zip _____

Telephone _____

X _____
SIGNATURE OF RIDER, DRIVER, HANDLER

Print Rider/Driver/Handler #2 Name _____

Rider/Driver/Handler #2 Address _____

City/State/Zip _____

Telephone _____

X _____
SIGNATURE OF PARENT OR GUARDIAN OF MINOR EXHIBITOR BIRTHDATE OF JUNIOR RIDER