

Date _____

Ted Draper Training Stable

Assigned Show Number:

Print Name of Rider _____

Age _____

Print Name of Horse _____

Print Name of Trainer _____

Address of Rider _____

City _____

State/Zip _____

Phone # of Rider _____

Would you like to be on our e-mail notification list for Show Events?

Circle One: YES NO

_____ E-Mail Address

Circle	Class #	A	B	C	D	E		
1	2	3	4	5	6	7	8	
9	10	11	12	13	14	15	16	
17	18	19	20	21	22	23	24	
25	26	27	28	29	30	31	32	
33	34	35	36	37	38	39	40	
41	42	43	44	45	46	47	48	

1st 4 classes Entry Fee @ 12.00 Per Class

Number of Classes _____ X \$12.00 = \$ _____

Number of classes _____ X \$ 5.00 = \$ _____

Horse Drug Fee = \$ 5.00

Extra Charges = \$ _____

Make Checks Payable To:

Total \$ _____

Ted Draper Stables

Where as, the undersigned acknowledges the inherent risks involved in riding and working around horses. I release Ted Draper Training Stable, Ted Draper, his agents and employees of and from all claims which may hereafter develop or accrue to me on account of, or by reason of any injury, loss or damage which maybe suffered by me or to any property, because of any matter, thing or condition, negligence for default whatsoever. I hereby assume and accept the full risk and danger of any matter, thing or condition, negligence or default of any person or persons whatsoever. A \$25.00 will be charged on all returned checks.

Rider's or Guardian's Signature _____ Age _____

(If rider is under 18, parent or guardian must sign)

We Encourage and Appreciate submitting entries before the Show Date:
Fax 707-546-2568 or mail to 530 Irwin Lane Santa Rosa, CA 95401

Paid cash Paid Check

Open Check # _____