Please Print Clearly



Fill out a separate form fo	r <u>EACH</u> horse and rider combo.	CHECK HERE IF ENTERING H	<mark>IIGH POINT</mark>	
Rider Name:		Exhibitor No		
Horse Name:		Age Division:		
Address:				
City:	State:	Zip:		
Phone:	Email:			
Barn/Group Name:				

SMILES Therapeutic Riding Center and any/all persons working, volunteering or affiliated with the show in any way, will not be held responsible for any animals, person(s), personal property or for theft of any kind while on the fair/show premises. All exhibitor's, riders, and spectators participate at their own risk.

I understand the above information and agree to the terms and conditions,

Signature: ___

(Parent or Guardian MUST SIGN if rider/exhibitor is under the age of 18 years old.)

Circle the number of the class to be entered.

Ages of riders are as of January 1st of the show year.

** Walk/Trot Classes: Horse-rider combination may not enter Canter Class

Friday - SMILES County Fair Horse Show						
JR JR	JR	SR		Open		
11	10	9	1	**16	37	
**19	**18	**17	2	**20	38	
**24	**23	**22	3	21	39	
31	30	29	4	**25	42	
36	35	34	5	26	43	
41	40	39	8	27	47	
46	45	44	12	28		
			14	32		
LEADLINE	7 13		15	33		

OFFICE USE ONLY				
COGGINS: COGGINS EXPIRATION DATE (A year from v	when it was pulled)://			
Total Number of Classes:	x \$8/EACH = \$			
	+ Office Fee: \$ <u>10</u>			
+ CIRCLE IF APPLICABLE High Point Fee (\$5): \$				
Amount Donated IF ANY: \$				
	Subtotal: \$			
TAB CHECK #: NAME ON CHECK:				
Exhibitor #(s) Check is Paying For:	Marked in SS			
CHECK MUST BE MADE OUT TO SMILES AND SIGNED TO HAVE A TAB				
Completed Payments:				
1. Amount: \$ Payment Method: <u>CASH / CC / CH</u>	ECK / ONLINE Marked in SS			
2. Amount: \$ Payment Method: <u>CASH / CC / CH</u>	ECK Marked in SS			
3. Amount: \$ Payment Method: <u>CASH / CC / CH</u>	ECK Marked in SS			
TOTAL AN	IOUNT DUE: \$			

Adds (PLEASE WRITE ALL ON SAME LINE)	Scratches
PAID \$: CASH, CHECK, CC	
PAID \$: CASH, CHECK, CC	