

Please Print Clearly



SMILES County Fair Horse Show 2024

Fill out a separate form for **EACH** horse and rider combo.

CHECK HERE IF ENTERING HIGH POINT

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		

