

ENTRY FORM - DAN HOBYN HORSE TRIALS - SEPTEMBER 5, 2010

Opening Date - August 1

Closing Date - August 30

Dan Hobyn Horse Trials Entry Form

HORSE _____

RIDER _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

PHONE _____

(Number where messages can be left - PLEASE)

DIVISION: 1-Starter 2-Beginner Novice 3-Novice 4-Training 5-Dressage

Please Circle:

Junior Rider

Senior Rider

Class 5 - Specify Dressage Test: _____

Dressage: 25.00

Horse Trials: 90.00

Total Entry Fees _____

(Make Checks Payable to Dan Hobyn)

*****No Refunds After August 30 *****

I understand Dan Hobyn Stables, the show management, or anyone connected with the show will not be responsible for any accident, losses, or injury to me, my horse, or my property. I will not hold the show or Dan Hobyn Stables liable for any loss, accident or injury.

WARNING: UNDER INDIANA LAW, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR INJURY TO, OR DEATH OF, A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISK OF EQUINE ACTIVITIES.

Exhibitor's Signature: _____

(Exhibitor's under 18 must have parent or guardian signature)