WEST 20 SADDLE COMPANY
JEAN CYRA MEMORIAL HORSE SHOW- ENGLISH DAY

EXHIBITOR NAME:_____

ADDRESS:_____

EMAIL:_____PHONE:_____

DIVISION:_____ EXHIBITOR #:_____

CLASSESS ENTERED (circle applicable):

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 17x 18 19 20 21 22

23 24 25 26 27 28 28x 29 30 31 32 33 34 35 36 37 38 39 40 41

HIGH POINT CLASSES:

Tiny Tot: 8, 9, 16, 19, 27, 28
JrJr: 7, 9, 15, 19, 26, 28, 34, 35, 40, 41
Jr: 6, 9, 14, 19, 25, 28, 33, 35, 39, 41
Sr: 4, 9, 12, 19, 23, 28, 31, 35, 37, 41
SrSr: 5, 9, 13, 19, 24, 28, 32, 35, 38, 41

In accepting my entry, I hereby release and discharge West 20 Ranch & Saddle Company, Julie Cyra, employees, volunteers, staff members, Mangold Insurance and Travelers Insurance from any and all claims or right for damages that may occur to my horse(s) or myself. I also assume and accept full responsibility for any damage done by myself or my horse(s) while at the location (show).

Exhibitor Signature:_____ Date_____

Parent/Guardian Signature:_____ Date_____

OFFICE CHARGE: $2.00……$_____

COGGINS COPY: $1.00 (if applicable)……$_____

STALL RENTAL: _____ X ($25/DAY) _____ X($15/NIGHT)……$_____

SHAVINGS:_____x($7/BAG)……$_____

ELECTRIC HOOK-UP:_____ X ($15/DAY) _____x($15/NIGHT)……$_____

CLASSES ENTERED:_____X $5.00.CLASS……$_____

TOTAL CHARGES:……$_____

CASH:_____ CHECK#:_____ CHARGE:_____