

WEST 20 SADDLE COMPANY

JEAN CYRA MEMORIAL HORSE SHOW - ENGLISH DAY June 9th, 2024

EXHIBITOR NAME: _____

ADDRESS: _____

EMAIL: _____ PHONE: _____

HORSE NAME: _____

DIVISION: _____ EXHIBITOR #: _____

CLASSES ENTERED (circle applicable):

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

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: \$8.00.....\$ _____

COGGINS COPY: \$1.00 (if applicable).....\$ _____

STALL RENTAL: _____ X (\$30/DAY) _____ X(\$15/NIGHT).....\$ _____

Fri Pm-Sat Day-Sat Pm-Sun Day: _____ X (\$70)

Sat Day-Sat Pm-Sun Day: _____ X (\$65)

Prepaid: _____ (# of Stalls)

Shavings: _____ X (\$8/BAG)

ELECTRIC HOOK-UP: _____ X (\$15/DAY) _____ x(\$15/NIGHT).....\$ _____

NOTE: IF NOT PREPAID

CLASSES ENTERED: _____ X \$7.00.CLASS.....\$ _____

TOTAL CHARGES:.....\$ _____

CASH: _____ CHECK#: _____ CHARGE: _____

Show Office Initials: _____

