

WEST 20 SADDLE COMPANY
JEAN CYRA MEMORIAL HORSE SHOW - WESTERN DAY June 8th, 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 42 43 44 45 46 47

HIGH POINT CLASSES:

- Tiny Tot: 9,10,17,20,26,28
 JrJr: 8,10,16,20,25,28,35,36,40,41
 Jr: 7,10,15,20,24,28,34,36,39,41
 Sr: 5,10,13,20,22,28,32,36,37,41
 SrSr: 6,10,14,20,23,28,33,36,38,41

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-Sun Day: ____ X (\$70)
- Sat Day-Sat Pm-Sun Day: ____ X(\$65)
- Prepaid: ____ (# of Stalls)
- Shavings: ____ (\$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: _____

