

# 29<sup>th</sup> KENTUCKY SPRING PREMIER HORSE SHOW

## ACADEMY ENTRY FORM

April 14, 2018

Kentucky Horse Park, Lexington, Kentucky

**Entries close April 13, 2018**

One Horse per entry Blank  
 Make checks payable to:  
 KENTUCKY SPRING PREMIER HORSE SHOW  
 Entries may be paid by credit card below.

Mail To: Kentucky Spring Premier Horse Show  
 956 Hill Rd.  
 Paris, KY 40361  
 859-457-0841/loriluvshorses@yahoo.com

PLEASE PRINT OR TYPE (Fill out completely)

**Owner** \_\_\_\_\_  
 Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

**Trainer/Instructor** \_\_\_\_\_ Stable \_\_\_\_\_  
 Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ email \_\_\_\_\_  
 Signature \_\_\_\_\_

	Office Use Only	Class	Rider/Handler	Age	City/State	Fee
1						
2						
3						
4						
5						
6						
					<b>Total Entry Fees</b>	

I hereby enter the above horses and riders at my own risk and subject to the rules and regulations of the Show. I further agree that if any damage is occasioned or loss occurs to the horses exhibited, to any vehicle or other articles which I may send with said horses, I will make no claim therefore against the Kentucky Spring Premier Horse Show or any participating organizations.

**"WARNING**

Under Kentucky law, a farm animal activity sponsor, farm animal professional, or other person does not have the duty to eliminate all risks of injury of participation in farm animal activities. There are inherent risks of injury that you voluntarily accept if you participate in farm animal activities."

	<b>TOTAL ENTRY FEES</b>	\$	
#	<b>STALLS @ \$130 EACH (week)</b>	\$	
#	<b>STALLS \$50 ACADEMY DAY</b>	\$	
#	<b>GROUNDS FEE (Horses showing not using a stall) @ \$30</b>	\$	
#	<b>OFFICE FEE PER ENTRY</b>	\$	<b>15.00</b>
	<b>TOTAL REMITTANCE</b>	\$	

CHECK # \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_ WE ALSO ACCEPT: VISA \_\_\_\_\_ MASTER CARD \_\_\_\_\_  
 CARD # \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_ SECURITY CODE \_\_\_\_\_  
 CARD HOLDER NAME (please print) \_\_\_\_\_ CARD HOLDER SIGNATURE \_\_\_\_\_

ALL HORSES MUST HAVE NEGATIVE COGGINS TEST PERFORMED WITHIN 12 MONTHS OF SHOW, AND HEALTH PAPERS FOR ALL HORSES CURRENT WITHIN 30 DAYS

CHECK # \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_