

36th KENTUCKY SPRING PREMIER HORSE SHOW

April 2 - 5, 2025

Entries close March 21, 2025

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
 303 West Brannon Road
 Nicholasville, KY 40356
 859-333-1406/cewalker9876@yahoo.com

PLEASE PRINT OR TYPE (Fill out completely)

Owner _____

Address _____ City/State/Zip _____

Phone # _____ Cell Phone # _____ email _____

Trainer _____

Address _____ City/State/Zip _____

Phone # _____ Cell Phone # _____ email _____

Rider/Driver/Handler _____

Make Checks payable to: _____ Social Security /Tax ID _____

Address _____ City/State/Zip _____

Office use	Horse Name	Color	Sex	Age	Breed Reg #
Class #					Total Fees
Entry Fee					

	TOTAL ENTRY FEES	\$
#	STALLS @ \$185 EACH	\$
#	OFFICE FEE PER ENTRY	\$ 35.00
#	EQUINE SPORT COUNCIL FEE PER HORSE	\$ 15.00
	TOTAL REMITTANCE	\$

EVERY ENTRY AT A SHOW THAT PAYS THE EQUINE SPORTS COUNCIL EXHIBITION FEE AND IS EXHIBITED AND JUDGED ACCORDING TO THE ESC RULES AND GUIDELINES SHALL CONSTITUTE AN AGREEMENT AND AFFIRMATION THAT: (1) THE OWNER, AGENT, LESSEE, TRAINER, MANAGER, COACH, DRIVER AND RIDER AND ANY OF HIS/HER REPRESENTATIVES ARE BOUND BY THE SHOW RULES; (2) THAT EVERY HORSE, RIDER, AND/OR DRIVER IS ELIGIBLE AS ENTERED; (3) THEY AGREE TO ACCEPT AS FINAL THE DECISION OF SHOW MANAGEMENT ON ANY QUESTION ARISING UNDER SAID RULES, AND AGREE TO HOLD THE SHOW, EQUINE SPORTS COUNCIL, THEIR OFFICIALS, DIRECTORS, AND EMPLOYEES HARMLESS FOR ANY ACTION TAKEN; (4) THAT THE OWNER, RIDER/DRIVER AND ANY OF THEIR AGENTS OR REPRESENTATIVES AGREE TO HOLD THE SHOW, EQUINE SPORTS COUNCIL, AND THEIR OFFICIALS, DIRECTORS, EMPLOYEES AND AGENTS HARMLESS FOR ANY INJURY OR LOSS SUFFERED DURING OR IN CONJUNCTION WITH THE SHOW, WHETHER OR NOT SUCH INJURY OR LOSS RESULTED DIRECTLY OR INDIRECTLY FROM THE NEGLIGENT ACTS OR OMISSIONS OF SAID OFFICIALS, DIRECTORS, EMPLOYEES OR AGENTS OF THE SHOW OR EQUINE SPORTS COUNCIL.

I hereby enter the above horses and riders at my own risk and subject to the rules and regulations of the State of Kentucky and 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.

SIGNATURE _____	EMERGENCY CONTACT PHONE _____
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CHECK # _____ AMOUNT \$ _____ DATE RECEIVED _____ WE ALSO ACCEPT: VISA _____ MASTER CARD _____

(4% cc fee will be charged)

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 _____