

Blue Goose Stable, LLC

CT Series Entry Form

Please make copies: One horse per form.

Mail entries to: Blue Goose Stable, LLC
210 White Horse Rd
Cochranville PA 19330

OFFICE USE ONLY

Pinney Number: _____
Paid ck: _____
Coggins Report: copy enclosed: Y / N
State: ___ Accession #: _____

Rhino / Flu Vaccination Date: _____

Show Year 2019

Date of Competition (circle one): April 20 ~ May 4 ~ June 22 ~ July 20 ~ Aug 10 ~ Sept 7 ~ Oct 19 ~ Nov 23 ~ Dec 7

Horse:	Breed:	Gender:	Color:	Age:	Willing to Volunteer? YES / NO
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PLEASE PRINT LEGIBLE

Rider:

Address:

Jr: Date of Birth:

Phone: E-mail:

Owner: Address:

Phone: E-mail

Division (s)	Division Description	Horse / Rider / Open

Combined Test \$70.00 / Division Dressage Test(s) _____ @ \$30.00 / Test Extra Jump Round(s) @ \$25.00 / round	\$
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Late Entry \$25.00 (Received AFTER close date)	Late Fee\$ Total Entry \$
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Total Entry Fees	\$
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Warning: Under Pennsylvania law an equine professional and equine activity sponsor is not liable for an injury to or death of a participant in equine activities resulting from the inherent risks of equine activities.
I/We acknowledge that equine activities are a high risk activity. In consideration of the acceptance of this entry, whether I am mounted or un-mounted, I release and in addition hold harmless Blue Goose Stable LLC, it's owners and agents, of and from any and all claims and demands of every kind which I may have or hereafter acquire for bodily injury, death, or property damage and from all liability for negligent acts or omissions.

Signed Rider: _____ Date: _____ (Parent or Guardian, if rider is under 18)

Signed Owner: _____ Date: _____