

# ACADEMY CLASSES ENTRY BLANK

Big D Charity Horse Show  
June 3-6, 2020

**PAYMENT TO COVER ALL FEES  
MUST ACCOMPANY ENTRIES**

Make Checks payable to  
Big D Charity Horse Show

Mail entries to:  
Big D Charity Horse Show

Kelly McFaul  
206 S. Lark Ln, Wichita KS 67209  
316-650-2287

Office Use	Class #	Class #	Horse	Rider	Age	City, State	Fee
						<b>TOTAL ENTRY FEES</b>	\$

Every entry shall constitute an agreement that the person making it, owner, lessee, trainer, manager, agent, coach, rider and the horse shall be subject to the ByLaws and the local rules of BDCHS. Further it shall constitute a declaration that the horse and/or rider is eligible as entered and that the owner and all of his representatives are bound by the ByLaws and the BDCHS and accept as final the decision of the Hearing Committee on any questions arising under said Rules, and agree to hold the BDCHS, their officials, directors and employees harmless for any action taken. I hereby enter the above horse(s) at my own risk and agree to release the BDCHS, its agents, employees and/or any land holder, of all responsibilities in case of accident, loss or injury in any way connected with the show.

Instructor		_____ STALLS @ \$150 each	\$
Stable		_____ ACADEMY RIDER FEE @ \$20 per rider	\$
Address		_____ SHAVINGS @ \$8.50 per bag <i>loose bag (small flake/sawdust)</i>	\$
City/State/Zip		_____ SHAVINGS @ \$12.50 per bag <i>Compressed bag (small-medium flake)</i>	\$
Phone		_____ HORSE SHOW SPONSORSHIP	\$
e-Mail Address		<b>Payments by credit card will have a 3% convenience fee added to the total</b>	
		<b>TOTAL AMOUNT DUE</b>	<b>\$</b>

Card No \_\_\_\_\_ Card Holder Name (Print) \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_ Zip Code \_\_\_\_\_ Card Holder Signature \_\_\_\_\_

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