

**Big D Charity Horse Show**

**ACADEMY ENTRY FORM**

April 23-26, 2020

Make checks payable to:  
Big D Charity Horse Show

Mail To: Big D Charity Horse Show  
65 Old Taylorsville Road, Shelbyville, KY 40065  
502 314 7960  
horseshowentries18@gmail.com

PLEASE PRINT OR TYPE (Fill out completely)

Trainer/Instructor \_\_\_\_\_ Stable \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Email: \_\_\_\_\_

	Office Use	Class #’s	Horse’s Name	Rider/City State	Age of Rider	Fee
1						
2						
3						
4						

	<b>TOTAL ENTRY FEES</b>	\$
#	<b>STALLS @ \$150.00</b>	\$
#	<b>OFFICE FEE PER RIDER \$20.00</b>	\$
#	<b>SHAVINGS PER BAG @\$8.50 – loose bag (small flake/sawdust)</b>	\$
#	<b>SHAVINGS PER BAG \$12.50 compressed bag (small – med flake)</b>	\$
#	<b>BOX SEATS (STANDARD) \$300.00</b>	\$
#	<b>BOX SEATS (VIP) \$495.00</b>	\$
#	<b>SPONSORSHIPS</b>	\$
	<b>TOTAL REMITTANCE</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.

Owner Signature: \_\_\_\_\_ Trainer Signature: \_\_\_\_\_

Rider/Parent Signature: \_\_\_\_\_ Stable With: \_\_\_\_\_

Address While In Ft. Worth: \_\_\_\_\_ Date/Time of Arrival: \_\_\_\_\_