**Windridge Farm Spring Schooling Show 2019 Sunday April 28th**

**Rider Information**

**Rider Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** First Last

**Trainer Approval:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rider Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Preferred Horse to Show**

Please pick three horses that you would like to show, we will make every effort to meet your request.

**1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Circle Classes entered Entry Fees**

**Total Class Fee $ \_\_\_\_\_\_\_\_\_\_\_\_**

**Trainer Fee $ $ 10.00**

**Hunt Coat Rental ($5.00) $ \_\_\_\_\_\_\_\_\_\_\_\_**

**Size\_\_\_\_\_\_\_**

**TOTAL DUE $ \_\_\_\_\_\_\_\_\_\_\_\_**

**Class # 1 & 2 $ 60. Class # 7 $ 15. Class# 12 & 13 $60**

**Class # 3 & 4 $ 60. Class # 8 & 9 $ 60. Class# 14 & 15 $60.**

**Class # 5 & 6 $ 60. Class # 10 & 11 $ 60. Class# 16 $ 30**

**Please see Reverse for class selections**

**Parent Consent**

***ADULT EXHIBITOR (PARENT OR GUARDIAN OF YOUTH EXHIBITOR) MUST SIGN BELOW:***

**INITIAL HERE: \_\_\_\_\_\_\_\_\_\_ I acknowledge that I, the Exhibitor, Parent or Legal Guardian, participate in this event**

**totally at my own risk for injuries or property damage that I, or my family, may incur. I hereby release and hold**

**harmless Windridge Farm LLC, the Facility, the sponsors, their owners, officers, directors, members, affiliated organizations,**

**and others acting on the Farm’s behalf, of any claim, legal liability, legal action, or right of damages for any**

**accident which may occur to me, my family members. I assume and accept full responsibility for**

**any damage done by me, my family members, or my animals at this show / event / activity. I have been advised**

**to wear a helmet and have read and agree to abide by the rules set forth by Windridge Farm LLC. I, the undersigned Exhibitor and/or Parent or Legal Guardian, being of legal age, have read &**

**understood the above agreement and release.**

**Exhibitor/ Parent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Office Use Only: Paid Check \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cash $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Rcvd:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**