

Palm Beach County Mounted Posse **PLEASURE SHOW** Office form – to be entered along with class cards

Back # _____ One Horse/Rider combination per entry form - **PLEASE PRINT CLEARLY**

Rider Name _____ Horse Name _____

Barn Affiliation/
Trainer _____ Responsible Party _____

CIRCLE CLASS #:

1	9	17	25	33	41	49	57	65
2	10	18	26	34	42	50	58	66
3	11	19	27	35	43	51	59	67
4	12	20	28	36	44	52	60	68
5	13	21	29	37	45	53	61	69
6	14	22	30	38	46	54	62	70
7	15	23	31	39	47	55	63	71
8	16	24	32	40	48	56	64	72

TOTAL: _____

WARNING: Under Federal Law, an equine activity sponsor or equine professional is not liable for any injury to, or death of, a participant in equine activities resulting from the inherent risk of equine activities.
–Senate Bill 1658. Section 91.1A

Office Use Only:

Class Total:	_____ x \$12.00	\$ _____
Jackpot Total:	_____ x \$15.00	\$ _____
Schooling:	_____ x \$10.00	\$ _____
Stall: #	_____ x \$40.00	\$ _____
Shavings:	_____ x \$7.00	\$ _____
Back Number:	_____ x \$1.00	\$ _____
Replacement Number:	_____ x \$2.00	\$ _____
Office/EMT Fee:	\$5.00	\$ 5.00
Membership:	\$30.00	\$ _____
Family Membership:	\$40.00	\$ _____
Non-Competing Horse Fee:	_____ \$15.00	\$ _____
Credit Card 4% Processing Fee:		\$ _____
Total # Show Credits:	_____	- _____
CC#	_____	
CASH/CHECK #	_____	TOTAL \$ _____