

Palm Beach County Mounted Posse H-J SHOW Office form - to be entered along with class cards

Back # _____ One Horse/Rider combination per entry form

Rider Name _____ Horse Name _____

Barn Affiliation/Trainer _____ Responsible Party: _____

Place and "x" next to your Class Number

74	83	92	101	110	119	128	137
75	84	93	102	111	120	129	138
76	85	94	103	112	121	130	
77	86	95	104	113	122	131	
78	87	96	105	114	123	132	
79	88	97	106	115	124	133	
80	89	98	107	116	125	134	
81	90	99	108	117	126	135	
82	91	100	109	118	127	136	

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 9 I. 1 A

<i>Office Use Only</i>				
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	

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

Back # _____ One Horse/Rider combination per entry form

Rider Name _____ Horse Name _____

Barn Affiliation/Trainer _____ Responsible Party: _____

Place and "x" next to your Class Number

74	83	92	101	110	119	128	137
75	84	93	102	111	120	129	138
76	85	94	103	112	121	130	
77	86	95	104	113	122	131	
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Total: _____

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<i>Office Use Only</i>				
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	