

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 \$ _____

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