Print Form | Submit by Email

Trainer _____

Owner _____

Address _____

City _____ State ____ Zip Code _____

Phone Number _____

Old Dominion Classic Horse Show

April 16-17, 2010

Lexington, VA

ONE OWNER PER ENTRY BLANK

All horses must have a copy of a negative coggins test dated within 12 months of the show date. Out of state entries must provide a health certificate.

OfcUse	Name of Horse	Rider/Driver	Age	Class	Class	Class	Class	Class

	Name of Equitation Rider	Age	Address of Rider	Class	Class	Class	Class	Class

Liability & Medical Release:

I acknowledge that horseback riding is a sport which carries inherent risks of injury and damage to myself, others, horses & property. I knowingly assume all risks. In consideration of my participation of this entry, I agree that I will defend, indemnify and hold harmless the Old Dominion Futurity Benefit Horse Show, The Virginia Horse Center, and all its agents, members and representatives against all claims, demands, causes of action, including court costs and actual attorney's fees arising from any proceedings or lawsuit brought on and prosecuted for my behalf. I, my heirs or assigns will make no claims against them now or in the future.

No one under 18 may sign this entry blank.

_____
Signature of Rider/Handler/Parent

_____
Signature of Owner or Agent

_____
Signature of Trainer

_____
Address of Trainer

_____
Trainer's Phone

jburks@centralVA.net

Stalls available 3 p.m. Thursday, April 15

Stalls must be vacated by 11 a.m. Sunday, April 18

Make checks payable to:

Old Dominion Futurity Benefit Horse Show

Send entries/checks To:

Jennifer Burks
240 Burks Rd.
Amherst, VA
24521
434.660.0658

Enter # of $10 qualifying/Sat AM classes ____

Enter # of $20 championship classes ____

Total Class Entry Fees _____

____ Stall @ $50.00 ea. _____

____ _____

Sponsorship @ various _____

Total Amount Due _____