

Granite Springs Stables
 205 N. Dillwyn Rd
 Newark, DE 19711
 302-373-3008

Show Date: (circle) SATURDAY July 12, 2008 SUNDAY July 13, 2008

All entries due by: Wednesday, July 9, 2008

Fax: (410) 648-5366 or E-mail: Betsy2063@aol.com

Show
 Number

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Name of Horse (please print)	CBHSA #	Height	Sex	Age	Coggins Accession #	Horse / Pony (circle)
						Sm Med Lg (circle)

Name of Rider (please print)	CBHSA #	Age	ESEA #	Classes Entered – Please circle pre-entry \$10.00, post-entry \$12.00	Class Fees

EMAIL:

The owner and/or exhibitor and his/her representatives, including the agent and/or trainer signing the entry form below, do hereby agree to hold Granite Springs Stables, ESEA, CBHSA, Fair Hill Nature Center, The horse show, its officials, officers, directors, agents and employees harmless from and against any and all damage or loss that may occur to the horses exhibited or to any vehicle or property sent with such horse and agree not to make any claim therefore against any of them, whether directly or indirectly. Each signatory for himself/herself and all persons who might claim through them or are in any way connected with them does further agree to indemnify and hold directors, agents and employees from and against any and all claims, loss, liability, damages, costs or expenses, including counsel fees and expenses occasioned by claims or actions for property damage and/or personal injury, including death resulting therefore, arising out of or in any way connected with ESEA, CBHSA, FHNC, or Granite Springs Stables, whether caused by the act or failure to act, whether willful or negligent, of themselves or anyone in their employ or subject to their control, or caused by any horse, vehicle or other article exhibited by them, or whether caused by negligence, gross negligence or willful act of any other person, horse, rider or animal which is present at the show, whether as an exhibitor, spectator or otherwise, or whether the result of any cause, including the actual or alleged negligence of the horse show, its officials, officers, directors, agents or employees. “

Total Entry Fee	\$ _____
CBHSA Fee	\$ 1
Grounds Fee	\$ 15
Total Due	

***It is the responsibility of Trainers/Exhibitors to properly complete all areas of this entry form.**

Owner	Trainer	Rider	
Name:			Amt. Paid
Address:			Check #
City/State/Zip:			Cash Paid
Telephone:			Please make checks payable to Granite Springs Stables.
Signature:			