

Entry # _____

Only one horse/rider per entry form.

**Wellsville Frontier Days
Children's Show**

**September 19, 2010
Coggins required within 1 year.**

Initials _____ Cash \$ _____ Check# _____
Amount Paid _____

Pre-entries greatly appreciated.

| Office Use | Name of Horse or Pony | Height | Rider Name | Age | Classes (Circle those entered) |
|------------|-----------------------|--------|------------|-----|---|
| | | | | | 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30 |

The undersigned, individually and as parent and guardians of any minor, assume all risks involved with participation in the Wellsville Frontier Day's Children Show at Wellsville Frontier Day's Club Grounds and agree to release, discharge, and hold harmless any and/or all future rights that I or my heirs may have against Wellsville Frontier Day's Club and/or any employees, officers, or agents of the foregoing, of and from all causes, liabilities, damages, claims or demands on account of personal injury, accident, or property damage involving named rider or undersigned or horse or pony arising out of attendance at the Wellsville Frontier Day's Children's Day Show or in the course of activities held in connection with the horse show. I acknowledge for myself and my child that I am fully aware of the normal hazards encountered in such a horse show to persons, properties, and ponies or horses.

Make Checks Payable to: **Wellsville Frontier Day's Inc. (There will be a \$30 fee for any returned checks)**

| Rider | Owner(s) | Trainer(s) |
|---|-----------------|-------------------|
| Name _____ | Name _____ | Name _____ |
| Address _____ | Address _____ | Address _____ |
| Phone _____ | Phone _____ | Phone _____ |
| E-mail _____ | E-mail _____ | E-mail _____ |
| Signature _____ | Signature _____ | Signature _____ |
| (Parent, guardian or trainer if junior rider, under 18 years) | | |

**Please mail Pre-entries to; Bonnie Trott
1965 Jug Road
Dover, PA 17315**