

ACADEMY ENTRY FORM

Harvest Days Holiday Festival Horse Show
November 3-5, 2017

Mail Entries To:

**Harvest Days Holiday Festival Horse Show
10610 Balm Riverview Rd., Riverview, FL 33569**

Show Secretary, Judy Peters (614) 402-1260 - Allhorseshow2@gmail.com - www.uphachapter16.com

Make checks payable to: Harvest Days Holiday Festival Horse Show

Rider's Name: _____

Rider's Age: _____

Horse's Name: _____

Owner: _____

Trainer: _____

Address: _____

Address: _____

City: _____

City: _____

State: _____ Zip: _____

State: _____ Zip: _____

*****(FSHPP) Florida State High Point Program is a Mandatory Academy fee per division, per rider for local or out of state*****

Showmanships FSHPP Mandatory Fee @ \$20 \$ _____

Equitation FSHPP Mandatory Fee @ \$20 \$ _____

_____ Classes @ \$20 each \$ _____

_____ Number of Stalls @ \$125.00 each \$ _____

Office Fee Per Rider @ \$35.00 \$ 35.00

Holiday Photo Booth @ \$35.00 \$ _____

TOTAL CHARGES \$ _____

I hereby enter the horse(s)/rider(s) on this entry at my own risk and agree to release the Harvest Days Holiday Horse Show Horse Show, Gasparilla Charity Horse Show, Inc. and UPHA Chapter 16 of Florida, its agents, employees and/or any landholder, of all liabilities and responsibilities in case of accident, loss or injury in any way connected with the show, and agree to indemnify and hold harmless the Harvest Days Holiday Horse Show and UPHA Chapter 16 of Florida, in the event of any such liability or responsibility to any owner, lessee, trainer, agent, employee, rider/driver, or any other person representing same, in case of accident, loss or injury in any way connected to the show. Furthermore, I agree to ride/drive at my own risk and hold harmless any other owner or exhibitor from any accident or injury sustained by me or my horse while exhibiting.