

Medicine Hat All Breed Horse Show – July 17, 18 & 19, 2009
ENTRIES RECEIVED AFTER JULY 10th WILL HAVE A \$30.00 LATE FEE PER HORSE APPLIED.
Post Entries will ONLY be accepted up to 1:00 p.m. Friday for the Friday evening classes
and otherwise prior to 7:00 p.m. each night prior to the following performance day.



PLEASE NOTE....

- Separate fees required for each horse/rider combination.
- Entries for classes will be inputted as received and paid. Competitors are responsible to ensure they have entered correct classes. No changes or substitutions will be made after the closing dates, 7:00 p.m. each night prior to the following performance day.

- Cheques are to be payable to Medicine Hat Exhibition and Stampede
- Faxed entries must be paid by Visa or Mastercard

Mail entries to: Nancy Boutillier
 Box 1298,
 Medicine Hat, AB T1A 7N1
 Fax: (403) 529-6553
 Email: mhstampede@mhstampede.com

Name of Horse	Sex	Year Born	Exhibitor	Owner	Classes Entered	Fees	Office Use

<p>Youth Entries: Name _____ Birth Date _____ Name _____ Birth Date _____</p> <p>If exhibitor is under 18 years of age, parent or guardian must sign below to indicate full acceptance of all liability of exhibitors as set forth below and in the show regulations.</p> <p>Parent/Guardian's Signature _____</p> <p>Print Name _____</p> <p>Address _____</p> <p>City/Town _____</p> <p>Postal Code _____ Telephone _____</p>	<div style="border: 1px solid black; padding: 5px; width: fit-content;"> Stalls are assigned on a first pay basis if no preference is specified. </div> <p style="text-align: right;">Total Entry Fees</p> <p><input type="checkbox"/> Box Stalls @ \$40.00</p> <p><input type="checkbox"/> Late Fees @ \$25.00</p> <p style="text-align: right;">Subtotal</p> <p style="text-align: right;">GST: 5%</p> <p style="text-align: right;">TOTAL PAYMENT ENCLOSED:</p> <p><input type="checkbox"/> Cheque <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa</p> <p>Card Number _____ Exp. _____</p> <p>Cardholder Signature _____</p> <p>Prize Monies to be paid out to: <input type="checkbox"/> Owner <input type="checkbox"/> Exhibitor</p>
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EXHIBITOR / OWNER'S STATEMENT

I hereby certify that every horse, rider, and/or handler for myself and my representative to be bound by the rules of this show. I assume all responsibility for any accidents, injury, or damage sustained or caused by myself, my helpers, my stock and equipment, and agree to indemnify and hold harmless the sponsors, the owner of the grounds in use and their representative and employees. I understand and accept the risk involved in participating in the equine event.

Owner's Signature _____

Exhibitor's Signature _____

Exhibitor's Address _____

City/Town _____ Postal Code _____

Telephone () _____