www.horseshowing.com or Fax to 303 773 8635

GOLD CREST CLASSIC

May 27 and 28, 2023

or email to coshowentries@gmail.com

or mail to:

Carol O'Meara 8300 Fairmount Drive, G-104, Denver, CO. 80247

Entries Close Tuesday May 23, 2023 5:00 pm

Horse CHJA # Horse Name:			Sex:	Foaling Date:	Color		Age:	Height:	Size:	Green Year:	
rimary Owner Name:	CHJA #: CHJA # is required fic		DOB:	Owner Email Ad	dress:						
wner Address:	City/State/Zip Code:					Cell Phone	Home Phone:	Home Phone:		Emergency Phone:	
der #1 Name:	CHJA#: CHJA# is a required fie		DOB:	Rider #1 Email /	ddress:	dress:			•		
Rider #1 Address:	City/Sta	te/Zip Code:	<u> </u>	I		Cell Phone	Home Phone:		Emergency F	Phone:	
Rider #1 Classes by Number	_						<u> </u>				
ider #2 Name:	CHJA #: CHJA # is a required field!		DOB:	Rider #2 Email /	ddress:						
Rider #2 Address:	City/Sta	te/Zip Code:	<u> </u>	I		Cell Phone	Home Phone:		Emergency F	Phone:	
Rider #2 Classes by Number	I						<u> </u>				
ereby indemnify and hold harmless, Gold Crest Spo bility arising from accident, injury, disease, theft or da	amage to me, my r	epresentatives of	or helpers, a	all equipment an	d all animals und	ler my	Call o	r Tex	t Jen	ny	
risdiction during this show. Under Colorado Law, an equine professional is not liable for injury or com the inherent risks pursuant to section 13-21-119, Colorado Revised statutes.				·	·		for st	or stalls!!			
I am signing and submitting this Agreement electronically, I acknowledge that my electronic signature shall have nd effect as if I affixed my signature by my own hand.					he same validity	r, force	303 875 6184				
Rider #1 Signature (Parent or guardian if minor)_						Print	Parent/GuardianNa	me:			
Rider #2 Signature (Parent or guardian if minor)					Print	Parent/GuardianNa	me:			
Trainer:			СНЈА	4	Cell#	#		Email Address:			
Address:	City/St	City/State/Zip				Trainer Signa	ature				
Taxpaver Name:	Addres	Address/City/State/Zip					SS# or TIN				