

SHOW DATE: \_\_\_\_\_

BACK NUMBER \_\_\_\_\_

Required

CENTRAL JERSEY HORSEMAN'S ASSOCIATION



2017 Western Horse Show Registration Form

RIDER: _____	HORSE: _____
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Check classes entered. All classes \$15 (\$12 pre-entry) unless otherwise noted.

WARNING: UNDER NEW JERSEY LAW, AN EQUESTRIAN AREA OPERATOR IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ANIMAL ACTIVITIES, PURSUANT TO P.L. 1997, c.287 (C.5:15-1 et seq)

Division Name	Class #	Class #	Class #	Class #	Class #

By submitting this registration form, I agree to abide by all rules and regulations of CJHA. Furthermore, I understand that activities involving horses are inherently dangerous, that a horse's behavior and actions are unpredictable and can result in property damage, injury or death to animals, participants or spectators and that my participation in these activities is at my own risk. I also understand that neither CJHA, its officers or members nor the Monmouth County Park System may be held liable for any damages, loss, injury, illness or death to horses, equipment, owners, riders, attendants, spectators or any other person or property whatsoever in connection with this horseshow.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(Signature of parent or guardian if minor)

Pre-entries must be received by Friday prior to show with payment. Mail to CJHA P.O. Box 588, Farmingdale, NJ 07727

<i>Special Fees *</i>  _____ Stakes Classes @ \$20  _____ Lead Line @ \$10   <b>Total</b> _____ <b>Check/Receipt #</b> _____	<b>Regular Classes Entered</b> _____ x \$15= _____  <b>Special Class Fees</b> = _____  <b>EMT Fee (Per Rider/Show)</b> = \$2.00  <b>On-site Office Fee</b> = \$15.00  <b>Membership/Back #</b> = _____  <b>Credit Slip</b> = ( _____ )  <b>Past Due</b> = _____
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