

JUMPER SHOW AT REBECCA FARM

September 15, 2019

RIDER NAME: _____ MHJA #: _____ PHONE: _____

ADDRESS: _____

****ONE HORSE PER ENTRY FORM****
ENTRIES DUE BY SEPT 10

CLASS #	HORSE	RIDER	OWNER	AMOUNT

MAIL ENTRIES TO:

Sarah Broussard
 PO Box 8385
 Kalispell, MT 59904

Fax: (406) 756-7409
 Phone: (406) 885-3224
 email: sarah@rebeccafarm.org

The signing of this entry form signifies the release of the MEE, Rebecca Farm, MHJA and its Board of Directors, as well as show management, officials and volunteers from any liability or responsibility for any injury or damage to any horse, rider, other individual or property before, during and following this show. Rider and Owner acknowledge that they are participating at their own risk.

RIDER/GUARDIAN: _____

OWNER: _____

MHJA Drug Fee	\$5
MHJA Non-member fee (\$20)	
MANDATORY grounds fee	\$20
Stabling: \$30/night Stable with:	
TOTAL ENCLOSED	

CHECKS PAYABLE TO M.E.E.

*****OFFICE USE ONLY*****

COMP. #	MHJA #	SIGNATURES	AMT PAID	AMT OWED	CHECK #