



SNEHA Therapeutic Horsemanship Entry Form

(Please Complete All Information)

Date: _____ Exhibitor # _____

Name:			
Mailing Address:			
City:	State:	Zip:	Phone:

Name Of Horse:

Please use space below to provide any pertinent information regarding exhibitors
physical or cognitive limitations that show officials should be aware of

Class requirements: ASTM & SEI approved hard hats required regardless of the discipline. Attire should be neat, clean and appropriate to the safety and well-being of the rider. Appropriate shoes with heels are required. All riders must be accompanied by a leader and 2 side-walkers. To be shown at a walk only. This class is open to all ages, all disciplines. Adaptive equipment allowed as needed.

Management reserves the right to prohibit any persons from attending or showing a horse in the ring and further to remove any person or horse from the show for just cause without being liable for compensation. (Show Rules #7, all show rules apply)

I certify that every horse and exhibitor is eligible as entered and agree, for myself and my representatives, to be bound by the rules of this show. I further agree that if any damage or loss shall occur to any horse or property, which I may send to this show, I will make no claim therefore. I further agree to indemnify the show committee and all horse show officials or committee members against all claims, demands, suits, and expenses arising out of any injury to any person or damage to any property caused by my horse, attendants, or myself. Exhibitor will be responsible for all entry fees left unpaid.

Signature of Exhibitor: _____

Signature of Parent if exhibitor is under 18 years of age: _____

****Please note that returned checks will be subject to a \$20 charge plus any applicable bank fees****

For Office Use Only:	Entry Fee: \$10.00
Method of Payment: Check: # _____ Cash: _____ Coggins: _____ Rabies: _____	