

SAGEBRUSH SLIDE – JUNE 5-8, 2008

FAX: (303) 265-9841 or Mail: Blue Sky, PO Box 535, Kiowa, CO 80117

- 1. Complete entire form-fax or mail
- 2. Check-in is required at show
- 3. Classes can be changed at check-in

HORSE: REGISTERED NAME _____

BREED _____ REGISTRATION # _____ DATE FOALD _____

SIRE: _____ DAM: _____

OWNER: NAME _____ TAX ID _____ NRHA # _____

CHECK IF OWNER & RIDER ARE THE SAME

ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____ EMAIL _____

RIDER: NAME _____ TAX ID _____ NRHA # _____

ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____ EMAIL _____

SECOND RIDER: NAME _____ NRHA # _____

WHO PAYS TAB: OWNER: _____ RIDER: _____ OTHER: _____ **WHO GETS WINNINGS:** OWNER: _____ RIDER: _____ OTHER: _____

OTHER: NAME _____ TAX ID _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____



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RIDER	2 ND RIDER	CLASS	ENTRY FEE	JUDGES FEE	TOTAL ENTRY	OFFICE USE
___	___	DERBY OPEN	\$400	\$40	\$440	\$ _____
___	___	DERBY INTERMEDIATE OPEN	\$100			\$ _____
___	___	DERBY LIMITED OPEN	\$100	\$40	\$140	\$ _____
___	___	DERBY NON PRO	\$250	\$40	\$290	\$ _____
___	___	DERBY INTERMEDIATE NON PRO	\$100			\$ _____
___	___	DERBY LIMITED NON PRO	\$100	\$40	\$140	\$ _____
___	___	NOVICE HORSE OPEN	\$50	\$40	\$90	\$ _____
___	___	NOVICE HORSE NON PRO	\$50	\$40	\$90	\$ _____
___	___	NON PRO	\$100	\$40	\$140	\$ _____
___	___	INTERMEDIATE NON PRO	\$50	\$40	\$90	\$ _____
___	___	AQHA AMATEUR REINING	\$20	\$-0-	\$20	\$ _____
___	___	OPEN	\$100	\$40	\$140	\$ _____
___	___	INTERMEDIATE OPEN	\$50	\$40	\$90	\$ _____
___	___	LIMITED OPEN	\$20	\$20	\$40	\$ _____
___	___	ROOKIE PROFESSIONAL	\$20	\$20	\$40	\$ _____
___	___	AQHA ALL AGE REINING	\$20	\$-0-	\$20	\$ _____
___	___	ROOKIE	\$20	\$20	\$40	\$ _____
___	___	AQHA NOVICE AMATEUR REINING	\$20	\$-0-	\$20	\$ _____
___	___	YOUTH 13 & UNDER	\$10	\$-0-	\$10	\$ _____
___	___	YOUTH 14-18	\$10	\$-0-	\$10	\$ _____
___	___	AQHA YOUTH REINING	\$10	\$-0-	\$10	\$ _____
___	___	LIMITED NON PRO	\$20	\$20	\$40	\$ _____
___	___	GREEN HORSE	\$25	\$25	\$50	\$ _____
___	___	GREEN RIDER	\$20	\$20	\$40	\$ _____
___	___	3 YR OLD OPEN	\$20	\$40	\$60	\$ _____
___	___	3 YR OLD NON PRO	\$20	\$40	\$60	\$ _____
___	___	UNAPPROVED LIMITED COWHORSE	\$30	\$60	\$90	\$ _____

BRACKETED CLASSES ARE RUN CONCURRENTLY. WHEN CROSS ENTERING YOU PAY HIGHEST JUDGES FEE

TOTAL ENTRY FEES

RMRHA MEMBERSHIP (YOUTH): Rider: _____ \$10 Owner: _____ \$10
(ALL OTHER): Rider: _____ \$20 Owner: _____ \$20
STALL(S): _____ X \$125 Weekend or _____ X \$30 Per Day

MAKE CHECKS PAYABLE TO BLUE SKY HORSE SHOWS: TOTAL DUE

\$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____

Under Colorado law an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to section 13-21-119 Colorado revised statutes. I assume full responsibility and all risks and liability arising from this event run by Blue Sky Horse Shows Ltd., Colorado Reined Cowhorse Assn. and the use of the horse show facility, and will hold Blue Sky & CRCA, including their agents and insurance company, and the horse show facility, including its owners, employees and agents, harmless and not liable for any injuries, damage or death to either horse or rider. I have read and understand these terms and conditions and agree to abide by them and the NRCHA rulebook. I have the authority and assume the responsibility to bind owner, rider and/or agent to the terms and conditions of this paragraph. I warrant that I am of legal age, or am the parent or legal guardian of the participant named above, and have read and fully understand the foregoing terms. By my signature below, I acknowledge that rider, horse and owner meet the criteria for eligibility to compete according to the guidelines set forth by the NRCHA.

I HAVE READ AND AGREE TO THESE CONDITIONS: Print Name _____ Signature _____