



Sunday, September 5th 2010  
**SKYLINE MEMORIAL CLASSIC ENTRY FORM**

DRAW #

Office/Timer Fee (*per horse/rider combination*) \$ \_\_\_\_\_ 5.00 \_\_\_\_\_

Exhibition runs (\$5.00/run) x \_\_\_\_\_ \$ \_\_\_\_\_

**Lil' Partners Barrel Race (E/F \$5.00)** \$ \_\_\_\_\_

*12 & Under—No Cross Entering office/timer fee waived*

**3D / 4D NBHA NY06 Sanctioned Runs**

NBHA District # \_\_\_\_\_ NBHA Card # \_\_\_\_\_ (NBHA CARD # MANDATORY!!!)

NBHA OPEN \$\$ 3-D / 4-D BARRELS	(E/F \$30.00)	\$ _____
NBHA SENIOR \$\$ 3-D / 4-D BARRELS	(E/F \$12.00)	\$ _____
NBHA YOUTH \$\$ 3-D / 4-D BARRELS	(E/F \$12.00)	\$ _____

NON-SKYLINE <u>or</u> NON-NBHA MEMBERS FEE	\$10.00	\$ _____
NBHA MEMBER <u>ONLY</u> SANCTIONING FEE	\$ 3.00	\$ _____

\*\*\* IF SKYLINE MEMBER, BUT NOT NBHA MEMBER—NO ADDITIONAL NBHA FEE \*\*\*

3-D \$300 added min. POLE BENDING - Class #3 (E/F \$15.00) \$ \_\_\_\_\_

**GRAND TOTAL:** CASH or CHECK # \_\_\_\_\_ \$ \_\_\_\_\_

\*\*\*ABSOLUTELY NO CREDIT\*\*\*

Horse Reg. Name \_\_\_\_\_

Rider's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I acknowledge that I, The Participant, Parent or Legal Guardian, will be responsible for any and all costs incurred by the participant or the participant's family members for injuries or property damage that I or my family may incur, and that I, the Participant, Parent or Legal Guardian, have accident medical insurance coverage in force for injuries that I or my family may incur. I acknowledge that I, The Participant, Parent or Legal Guardian, will be responsible for my negligent acts, the negligence acts of my family members and/or legal wards and animals, and I, The Participant, Parent or Legal Guardian, do carry personal liability insurance coverage now in force. I acknowledge that I, The Participant, Parent or Legal Guardian, participate in this event totally at my own risk for injuries or property damage I or my family may incur and I acknowledge that I, The Participant, Parent or Legal Guardian, et al, hereby release and hold harmless the sponsor, co-sponsors, their owners, their officers, directors, members, affiliated organizations and others acting on its behalf, from any claim, legal liability, legal action or right of damages, for any accident which may occur to me or my equine animal. I also assume and accept full responsibility for any damages done by me or my equine animal at this show, activity and/or event.

I, The Undersigned, Participant, Parent or Legal Guardian, being of legal age, have read and do understand the above agreement and release. I, hereby guarantee that the equine presented for show by myself on this entry form has been vaccinated against rabies and has had a negative coggins test within the past 12 months and am able to produce such documents upon request. (Please initial \_\_\_\_\_)

Participant, Parent or Legal Guardian (if under 18 years of age) \_\_\_\_\_