

ASAW SUMMER SHOWCASE HORSE SHOW 2022

ONE OWNER PER ENTRY BLANK

ENCLOSED COPY OF REGISTRATION PAPERS SHOWING PROOF OF CURRENT OWNERSHIP FOR EACH SADDLEBRED AND HORSE ENTERED. A CURRENT NEGATIVE COGGINS TESTIS REQUIRED. **ALL EXHIBITORS MUST BE CURRENT ASAW MEMBERS.** NO ENTRIES PROCESSED UNTIL MONEY RECEIVED. NO REFUND ON STALL FEES.

OWNERS NAME: _____

ENTRIES CLOSE: August 4, 2022

	NAME OF HORSE	AGE	COLOR	SEX	HT	HORSE REG	RIDER/DRIVER NAME	CLASS	CLASS	CLASS	CLASS	CLASS

Please check this box if you are willing to split a feed stall.

Every entry at this Show shall constitute an agreement and affirmation that the peron making it along with the owner, lessee, trainer, manager, agent, rider, and the horse shall be subject to the local rules of the show; that every horse and rider is eligible as entered and that the owner and any of his representatives are bound by the rules of the show and of the show and will accept as final the decision of the judge on any question arising under said rules and agree to hold the show, their officials, directors, and employees harmless for any action taken; that the owner and rider and any of their agents or representatives agree to hold harmless the show, and their officials, directors, employees, and agents for any injury or loss resulting directly or indirectly from the negligent acts of omissions of said officials, directors, employees, or agents of the show.
 Further, the undersigned agrees to hold ASAW and Ozaukee County Fair Grounds , their employees, and show management harmless for lost, damaged, or stolen property and for any injury to horse, exhibitors, and spectators before, during, and after show.

**MAKE CHECKS PAYABLE TO:
ASAW**

MAIL ENTRIES TO:

Sue Hillegonds
 814 Grandview Drive
 Crystal Lake, IL 60014

email: hillegondss@prodigy.net
 www.horseshowcalendar.com

Stalls available
 Friday, August 12, 2022
 after 12 Noon

Qty		Fee	Total
	Camping Per Night	\$30 each	
	Classes	\$30 each	
	Championships	\$35 each	
	Post Entry	\$40 class	
	Box Stalls Tack Stalls	\$105 wknd	
	Office Fee	\$25 rider	
	Bedding	\$10 Bag	
	ASAW Membership		
TOTAL CHARGES			

Trainer: _____

Owner: _____

Address: _____

Phone: _____ email _____

Stable with: _____

Exhibitor Signature (Parent/guardian if minor)

FOR OFFICE USE

Check No. _____

Amount _____

EB# _____