



Name: _____ Birth Date: _____

Address: _____

City, ST, ZIP: _____

Phone: _____

E-mail: _____

Horse Name: _____

Emergency Contact (Name/Phone): _____

SHOW DATE: _____

Class #	Dressage Test/Preference if Oversubscribed	Entry Fee
	TOTAL ENTRY FEES	

Release: I (we) understand that horseback riding is a dangerous sport and serious injury or disability may result from accident while riding or handling horses. The above activities are being undertaken at my (our) risk. I (we) understand that By Chance Farm, its owners, employees, and volunteers are not responsible for accidents, damage, injury to horses, owners, riders, spectators or any persons or property whatsoever. ASTM/SEI approved helmets are required for all riders at all times while mounted.

Participant Signature: _____ Print Name: _____

Parent/Guardian Signature: _____ Print Name: _____
(If rider is under 18 years of age)

Mail entry, current coggins and check payable to **By Chance Farm LLC** to:

Michele Wellman
9205 Bessie Clemson Rd
Union Bridge, MD 21791

Scratches before the closing date will be issued a full refund. No refunds after the closing date for ANY reason. Show will be held rain or shine. \$35 fee assessed for returned checks. Entries must be received by closing date.