

CMOHS Academy Entry Blank

If using same horse more than once please use a separately entry blank so each rider has their own number.

Horse must be regularly used in a lesson program

Horse

Owner

Address

Rider

DOB

Address

Class(s)

Stalls

Office Fee Per Horse

Stables With

PLEASE READ AND SIGN

I understand and agree that the CMOHS and its employees will not be help responsible for any accident that may occur, I further agree to hold the CMOHS, CMHA and their offers directors and employees harmless and indemnify them again any legal proceedings or any liabilities for any such accident or loss. Exhibitors will be held responsible for any carless damage to the grounds or equipment.

Signature of Owner

Signature of Trainer

Rider(If over 18)/Parent/Guardian of Rider

Trainer Email

First Name Last Name

Address

Post Code Phone No E-Mail

Stable Name

Cash Check Show Account Credit Card

Name of Credit Card Exp Date

Credit Card Number Security Code

Return to Pam Turner, 584 Ride Road, Horseheads, NY 14845 with check or credit card info. Make checks out to "CMOHS"