

# NON-RATED DEVELOPING - WILD ROSE HUNTER - ENTRY ONLY

**ROCKY MOUNTAIN SHOW JUMPING**

**2017 RMSJ JUNE CLASSIC I | JUNE 21 - 25, 2017**

**CLOSING DATE: MAY 26<sup>th</sup>**

HORSE INFORMATION:	
Name:	
Breed:	
Height:	Ponies: SM / MED / LRG
Prize Money Recipient:	
TRAINER INFORMATION:	
Name:	
Stable Name:	
Email:	
Total Entry Fee	\$
Office/Admin Fee	\$ 25.00
Paramedic Fee	\$ 20.00
Late Fee (\$25)	\$
Stabling for Week \$225	
Stabling \$50/day Wed / Thurs / Fri / Saturday / Sunday	\$
Stabling Overnight Wed / Thurs / Friday / Saturday (Must rent stall next day)	
Shavings at \$8.50 per Bag / number of Bags	
Hay at \$18 per Bale / number of Bales	
SUB-TOTAL	\$
GST - 5% of the Above Total	\$
Jump Alberta Levy Fee	\$10
TOTAL	\$
Stable With:	

OWNER INFORMATION:	
Name:	
Address:	
City:	Province:
Postal Code:	Phone #:
Email:	
RMSJ Rewards #:	Jump Alberta #
Date of Birth:	AEF #:

**WAIVER**

I hereby certify that every horse and rider is eligible as entered and agree for myself and my representatives to be bound by the AEF Wild Rose Rules and Regulations and the Rocky Mountain Show Jumping 2017 Prize List including, without limitation, the Code of Conduct and the Liability clauses. I understand that the Wild Rose divisions of the June Classics are governed by AEF in which case I accept the rules and regulations of AEF and all the Rocky Mountain Show Jumping Tournaments will be governed by the laws of the land and if there are suspicious incidents, the proper authorities will be called in to handle these situations. I have read and understand the above rules and guidelines as listed above in the 2017 prize list.

\_\_\_\_\_  
Signature of Owner/Agent

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of Rider 1

\_\_\_\_\_  
Signature of Rider 2

\_\_\_\_\_  
Signature of Trainer

**Signature of Person Responsible** (Article A1011 Person responsible for the care/custody training and performance of the horse)

I agree to follow the RMSJ Bio-Security Guidelines as outlined in the Prize List and I am able to show documentation that this horse has been vaccinated against Equine Influenza EHV 1 and EHV 4 within the last 6 months.	Please Initial
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RIDER ONE INFORMATION:	
Name:	
Address:	
City:	Province:
Postal Code:	Phone #:
Email:	
RMSJ Rewards #:	
Date of Birth:	AEF #:

**RIDER ONE CLASSES:  
CHECK SCHEDULE FOR CLASS #'S**


**RIDER TWO INFORMATION**

Name:	
RMSJ Rewards #:	Jump Alberta #:
Date of Birth:	AEF #:

**RIDER TWO CLASSES:  
CHECK SCHEDULE FOR CLASS #'S**


**ACCEPTED CREDIT CARDS: VISA / MC**

Card Number:	
Expiry Date:	CSV Code:
Name on Card:	

BY SIGNING THIS DOCUMENT, I AUTHORIZE RMSJ TO CHARGE THE ABOVE CREDIT CARD FOR ALL AMOUNTS DUE TO RMSJ WITH RESPECT TO THE ENCLOSED ENTRY(S) AND AMOUNTS CHARGED DURING THE TOURNAMENT.

Signature: \_\_\_\_\_



Online Entries @ [www.showgroundslive.com](http://www.showgroundslive.com)  
Trainers please fill out Stable Request Form

Rocky Mountain Show Jumping 2017 June Classic I

Incomplete entry forms will not be accepted. Payment in full must accompany entries. Fax entries to: 1 (866) 397 - 0179 or Mail to: Suite 231, 132-250 Shawville Blvd. SE, Calgary, AB T2Y 2Z7 or Email: to [office@rmsj.ca](mailto:office@rmsj.ca)

