

HORSE INFORMATION:			
Name:			
Breed:			
Height:	Ponies: SM / MED / LRG	Green	
		1st YR	2nd YR
Passport #:			
Prize Money Recipient:			

TRAINER INFORMATION:	
Name:	
Stable Name:	
Email:	
Jump Alberta #:	

Total Entry Fee	\$
Office/Admin/Medic Fee	\$75.00
Non-Showing Fee \$55	\$
Late Fee (\$50) After April 20	\$
Anderson Grand Prix Ring Nomination Fee \$155	\$
Athabasca Ring Nomination Fee \$50	
Premium Stall 10'x12' Rubber Mat \$275	\$
Permanent Stabling \$225	\$
Shavings at \$8.60 per Bag / number of Bags	\$
Hay at \$18 per Bale / number of Bales	\$
Environmental Fee	\$30.00
SUB-TOTAL	\$
GST - 5% of the Above Total	\$
Equestrian Canada Drug Fee	\$7.00
Jump Canada Levy Fee	\$20.00
Jump Alberta Levy Fee	\$10.00
TOTAL	\$

Stable With:

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

WAIVER	
<p>I hereby certify that every horse and rider is eligible as entered and agree for myself and my representatives to be bound by the Equestrian Canada Rules and Regulations and the Rocky Mountain Show Jumping 2018 Prize List including, without limitation, the Code of Conduct and the Liability clauses. I understand that the Equestrian Canada divisions of the Bow Valley Classics are governed by Equestrian Canada and in all cases I accept the rules and regulations of Equestrian Canada and the 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 2018 prize list.</p>	
<hr/> Signature of Owner/Agent	
<hr/> Signature of Parent/Guardian	
<hr/> Signature of Rider 1	<hr/> Signature of Rider 2
<hr/> 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

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

RIDER ONE CLASSES: CHECK SCHEDULE FOR CLASS #'S					

RIDER TWO INFORMATION	
Name:	
EC #:	
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:	