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

## **ROCKY MOUNTAIN SHOW JUMPING**

## 2018 BOW VALLEY CLASSIC II | MAY 23 - 27, 2018

HORSE INFORMATION:				
Name:				
Breed:				
Height:	Ponies: SM / MED / LRG			
Prize Money Re	ecipient:			
	TRAINER INFORMATION:			
Name:				
Stable Name:	Stable Name:			
Email:				
Total Entry Fee		\$		
Office/Admin F	ee	\$	25.00	
Paramedic Fee \$		\$	25.00	
Enviornmental Fee		\$	20.00	
Late Fee (\$25)		\$		
Jumper III Nomination Fee \$50		\$		
Stabling for We	eek \$225			
Stabling \$53/da	y Wed / Thurs / Fri / Saturday / Sunday	\$		
Stabling Overni (Must rent stall				
Shavings at \$8.	60 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	1	
TOTAL		\$		

Stable	With:
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	OWNER INFORMATION:					
	Name:					
	Address:	ldress:				
	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 2018 Prize List including, without limitation, the Code of Conduct and the Liability clauses. I understand that the Wild Rose divisions of the Bow Valley Classics are governed by AEF in whichcase 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 2018 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 Inital

Online Entries @ www.showgroundslive.com
Trainers please fill out Stable Request Form

RIE	DER ONE IN	FORMAT	ION:	
Name:				
Address:				
City:	Province:			
Postal Code:	Phone #:			
Email:				
RMSJ Rewards #:	Jump Alberta #			
Date of Birth:	AEF#:			
CHEC	RIDER ONI K SCHEDUL	CLASSES E FOR CL	S: ASS #'S	
RII	DER TWO II	NFORMAT	ION	
Name:				
RMSJ Rewards #:				
Date of Birth:		AEF#:		
CHEC	RIDER TWO	CLASSES E FOR CL	S: ASS #'S	
ACCEPTE	D CREDIT (	CARDS: V	SA / M	С
Card Number:				
Expiry Date:	CSV Code:			
Name on Card:				
BY SIGNING THIS DOC CREDIT CARD FOR AL ENCLOSED ENTRY(S) AI	L AMOUNTS D	UE TO RMSJ	WITH RESPI	ECT TO THE
Signature:				

CLOSING DATE: APRIL 20th

Rocky Mountain Show Jumping 2018 Bow Valley Classic II

