

NON-RATED DEVELOPING - WILD ROSE - ENTRY ONLY

ROCKY MOUNTAIN SHOW JUMPING

2018 ROCKY MOUNTAIN CLASSIC II | AUGUST 8 - 12, 2018

CLOSING DATE: JULY 5th

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
Enviornmental Fee	\$ 20.00
Jumper III Nomination Fee \$50	
Late Fee (\$25)	\$
Stabling for Week \$200 (+\$43 wk 1 includes 1 st bedding)	
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
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 2018 Prize List including, without limitation, the Code of Conduct and the Liability clauses. I understand that the Wild Rose divisions of the Rocky Mountain 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)

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RIDER ONE INFORMATION:

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

RIDER ONE CLASSES: CHECK SCHEDULE FOR CLASS #'S

RIDER TWO INFORMATION

Name:	
RMSJ Rewards #:	
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:

Signature:

Signature:

Signature:

Signature:

Signature:

