



HORSE INFORMATION	
Name:	Age:
Green: 1 <sup>st</sup> / 2 <sup>nd</sup> / Regular	Mare Gelding Stallion
Passport #:	USEF/USHJA #:
Prize Money Recipient:	
<b>Total Entry Fee</b>	
Office/Admin Fee/Paramedic/Environmental Fee	\$ 105.00
Stabling Agrium Oct 17-21 - \$200 Championships/Jr/AO 3'6" / Jr/Am 3'3"	\$
Stabling Agrium Oct 22-28 - \$275	
Stabling Agrium - Full Competition - \$400	\$
Stabling in Barn H - up to one week - \$175 / Full Competition \$300	\$
Shavings Bulk - Week 1 only - \$63 per Horse (mandatory if stall ordered)	\$
Shavings Bulk- Week 2 only - \$80 per Horse (mandatory if stall ordered)	
Shavings Bulk-full competition-\$130 per Horse(mandatory if stall ordered)	\$
Jumper Nomination - \$100	\$
Royal West Championship Nomination - \$75	\$
3'0" & 3'6" Hunter Derby Nomination \$50 (One Nom for both derbies)	\$
Wrist Band: One Complimentary per Rider \$100 Full Competition / \$45 Week I / \$75 Week II / \$15 a Day	\$
*Parking Pass - \$15 per day /Date:	\$
*Parking Pass - 4 Day - \$45/ Date:	\$
*Parking Pass - 7 Day - \$90 / Date:	\$
*Parking Pass - Full Competition - \$130	\$
Campers - Power Only - \$375	\$
Late Fee - after September 14, 2018 - \$100	\$
SUB-TOTAL	\$
GST - 5% of the Above Total	\$
Equine Canada Drug Fee	\$ 7.00
Jump Canada Levy Fee	\$ 20.00
TOTAL	\$

Stable With:	
Date of Arrival:	
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 and a valid coggins.	Please Initial

**IMPORTANT**

**Parking Passes MUST be pre-ordered with RMSJ and picked up in the Show Office on arrival or at the RMSJ Home Office from October 10<sup>th</sup> - 14<sup>th</sup>**  
**All entries will be accepted for classes. When quota is reached entries are based on qualification guidelines in the prize list and a waiting list will be started.**

Entries will not be accepted without indicating all classes.  
 Incomplete entry forms will not be accepted. Payment in full must accompany entries.  
 Fax entries to: (866) 397-0179 or Email: to office@rmsj.ca  
 or Mail to: Suite 231, 132-250 Shawville Blvd. SE, Calgary, AB T2Y 2Z7

**OWNER INFORMATION:**

Name:

Address:

City: Province:

Postal Code: Phone #:

Email:

EC #: USEF/USHJA #:

RMSJ Rewards #:

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 Equine Canada Rules and Regulations and Royal West 2018 Prize List including, without limitation, the Code of Conduct and the Liability clauses. I understand that the Equine Canada divisions of Royal West tournament are governed by Equine Canada in which case I accept the rules and regulations of Equine Canada and Royal West 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.

In the event that \_\_\_\_\_ participates in an Equine Canada sanctioned competition where protective headgear is required for juniors, he/she will wear properly fitted and fastened approved headgear at all times while riding or driving at the event location. It is understood that juniors not meeting this requirement will not be allowed to compete at these competitions. (A802.6).

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)

**RIDER ONE INFORMATION:**

Name:

Address:

City: Province:

Postal Code: Phone #:

Email:

EC #: USEF/USHJA #:

RMSJ Rewards #:

Date of Birth: AEF #:

Divisions & Classes Entered:

**RIDER TWO INFORMATION**

Name:

EC #: USEF/USHJA #:

RMSJ Rewards #:

Date of Birth: AEF #:

Divisions & Classes Entered:

**TRAINER INFORMATION:**

Name:

Stable Name:

Email:

Cell #: EC#: Jump AB #:

**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: