



# Entry & Sponsorship Form

## National Academy Championship Finals

### October 29-31, 2010



Office Use	Rider's Name	Age	Social Security Number (Required)	Complete Mailing Address (Required before back numbers are released)	Horse's Name	Class Num.	Entry Fee

I hereby enter the above horse(s) at my own risk and subject to the rules and regulations of the horse show and the State of Tennessee. Under Tennessee Law, an Equine Activity Sponsor or Equine Professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risk of equine activities. I further agree to release the National Academy Championship Horse Show and Miller Arena, its agents, employees and/or landholder of all liabilities or responsibilities in case of accident, loss or injury in any way connected with the horse show, and agree to indemnify and hold harmless the National Academy Championship Horse Show, in the event of any such liability to any owner, leasee, trainer, agent, employee, rider, driver or any other person representing the same in case of accident, loss or injury in any way connected with the horse show. MY SIGNATURE BELOW INDICATES I HAVE READ AND UNDERSTOOD THIS DISCLAIMER. I AM AUTHORIZED TO SIGN ON BEHALF OF THE OWNER(S) AND EXHIBITOR(S) WHOSE ENTRIES ARE LISTED ON THIS FORM.

STABLE: \_\_\_\_\_ TRAINER/AGENT: \_\_\_\_\_  
 Address: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Account to be Listed as: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

	AMT. OWED	AMT. PAID
Total Entry/Sponsor Fees:		
Number Of Stalls <input type="text"/> @ \$75.00 ea.		
Number of Tack/Feedrooms <input type="text"/> @ \$75.00 ea		
Shavings <input type="text"/> @ \$7.00 per bag		
Number of Box Seats <input type="text"/> @ \$75.00 each (8 seats)		
Sponsorship of Class (Numbers), Ribbons or Trophies		
<b>TOTAL</b>		

Make Check Payable To: NATIONAL ACADEMY CHAMPIONSHIP FINALS  
 147 Saddlebred Dr., Hartselle, Al. 35640