ASAW SUMMER SHOWCASE HORSE SHOW 2024 ONE OWNER PER ENTRY BLANK

ENCLOSED COPY OF REGISTRATION PAPERS SHOWING PROOF OF CURRENT OWNERSHIP FOR EACH SADDLEBRED AND HORSE ENTERED. A CURRENT NEGATIVE COGGINS TESTIS REQUIRED. ALL EXHIBITORS MUST BE CURRENT ASAW MEMBERS. NO ENTRIES PROCESSED UNTIL MONEY RECEIVED. NO REFUND ON STALL FEES.

OWNERS NAME:_____

ENTRIES CLOSE: August 4, 2024

NAME OF HORSE	AGE	COLOR	SEX	НТ	HORSE REG	RIDER/DRIVER NAME	CLASS	CLASS	CLASS	CLASS	CLASS

Please check this box if you are willing to split a feed stall.

			Camping	\$30	
Every entry at this Show shall constitute an agreement and affirmation that the peron making it along with the owner, lessee, trainer, manager, agent, rider, and the horse shall be subject to the	MAKE CHECKS PAYABLE TO:		Per Night	each	
local rules of the show; that every horse and rider is eligible as entered and that the owner and any of his representatives are bound by the rules of the show and of the show and will accept as final the decision of the judge on any question arising under said rules and agree to hold the show, their	ASAW MAIL ENTRIES TO:		Classes	\$30 each	
officials, directors, and employees harmless for any action taken; that the owner and rider and any of their agents or representatives agree to hold harmless the show, and their officials, directors, employees, and agents for any injury or loss resulting directly or indirectly from the negligent acts of omissions of said officials, directors, employees, or agents of the show.	Sue Hillegonds 814 Grandview Drive Crystal Lake, IL 60014		Championships	\$35 each	
Further, the undersigned agrees to hold ASAW and Ozaukee County Fair Grounds , their employees, and show management harmless for lost, damaged, or stolen property and for any injury to horse, exhibitors, and spectators before, during, and after show.	email: hillegondss@prodigy.net www.horseshowcalendar.com		Post Entry	\$40 class	
Trainer:	Stalls available Friday,		Box Stalls Tack Stalls	\$105 wknd	
Owner:	August 9 , 2024 after 12 Noon		Office Fee	\$25 rider	
Address: Phone:email	FOR OFFICE USE		Bedding	\$10 Bag	
Stable with:	Check No Amount		ASAW Membership		
Exhibitor Signature (Parent/guardian if minor)	EB#	ΤΟΤΑ	L CHARGES		