Lincoln County Fair Horse Show Entry Form Use a separate form for each horse-Number assigned to horse Circle show day: Tuesday Thursday Saturday

# 1 Rider Name:			_ age:	Owner's Name:		
# 2 Rider Name:			_ age:	_ Address		
# 3 Rider Name:			_ age:	_ City	State	
Emailp			hone		_ Zip	
Name of Horse age						
Breed: Sex of Horse (circle): Mare Gelding Pony Coggins date/						
No refunds due to weather once the show begins-no refunds without a vet excuse						
Class # Rider # Rider Name			Owner N		Fee	
X \$5.00 TOTAL FEES						
CASH		CHECK OPEN	CHECK			
CASHCHECKOPEN CHECK I hereby release the Lincoln County Fair Board and the Missouri Horse Show Association and						
	onnected wit orses, or equ	th the show for any liability ipment.	in connect	tion with any in	ijury, death or loss to me,	
Note: Under Missouri law, an equine professional is not liable for an injury to or the						
death of a participant in equine activities resulting from the inherent risks of equine activities pursuant to the Revised Statutes of Missouri.						
Rider Signature:			Date:			
Parent / Guardian Signature:				Date:		