## BLUE SKY CLASSIC

## WILDROSE COMPETITION

May 17-20, 2024



| Please fill out one form per horse   | 2, by <b>May</b> 1, 2024. Payment i   | in full via cash, che | que, e-transfer                     | (blueskyclassicho                       | orseshow@gmail.com) oi             | r credit card. |  |
|--|---|-----------------------|-------------------------------------|---|------------------------------------|----------------|--|
| Horse Information:   |   |                       |                                     |   |                                    |                |  |
| Name:  |   |                       |                                     |   |                                    |                |  |
| Age:   | Sex:  | Ponies: sml           | med 🗌 lrg                           | Stable with:                            |                                    |                |  |
| Rider Information:   |   |                       |                                     |   |                                    |                |  |
| First Name: Last Name:   |   |                       |                                     |   | 0                                  | JR O AM        |  |
| Street Address:  | City & Prov.:   |                       |                                     |   | Postal Code:                       |                |  |
| Phone Number:  | Email:  |                       |                                     |   |                                    |                |  |
| Jump Alberta#:   | AEF#:   |                       |                                     |   |                                    |                |  |
| Owner Information:   |   |                       |                                     |   |                                    |                |  |
| First Name:  | Last Name: AEF  |                       |                                     | F#:                                     |                                    |                |  |
| Email:   | Phone Number:   |                       |                                     |   |                                    |                |  |
| Trainer Information:   |   |                       |                                     |   |                                    |                |  |
| First Name: Last Name: AEF#:   |   |                       |                                     |   |                                    |                |  |
| Entries:   |   |                       |                                     |   |                                    |                |  |
| Division/Class Numbers:  |   |                       |                                     |   |                                    |                |  |
| Division/Class Entry Fees:   |   |                       |                                     |   |                                    |                |  |
| ·  |   |                       |                                     |   |                                    |                |  |
| Waiver/Signatures  |   |                       |                                     |   | Total Entry Fees                   |                |  |
| I certify that the horse and rider are eligible as entered and agree for myself and my representatives to be bound by the Equestrian Canada Rules and Regulations and the Blue Sky Classic Horse Show 2024 Prize List including, without limitation, the code of conduct and the Liability Clauses. By signing this entry form I am herby acknowledging that I have read and agree to the section in the 2024 Blue Sky Classic Horse Show prize book titled ENTRY FORM WAIVER, and the complete set of rules and regulations within. |   |                       |                                     | J                                       | Jumper Nominating Fee              |                |  |
|  |   |                       |                                     |   | Hunter Ring Schooling Pass         |                |  |
|  |   |                       |                                     |   | Administration Fee                 |                |  |
|  |   |                       |                                     |   | Medic Fee                          |                |  |
|  |   |                       |                                     | Stabling Fee: # of Stallsx \$           |                                    |                |  |
| Signature of Rider or Parent/I   | Date  |                       | Day Stall Fee: # of Stallsx \$85.00 |   |                                    |                |  |
|  |   |                       | Sh                                  | Shavings: #x\$12.00 per bag             |                                    |                |  |
| Signature of Owner/ Agent  | Date  |                       |                                     | Post Entry Fee (\$100)                  |                                    |                |  |
| Person Responsible   |   |                       |                                     |   | Haul in Fee \$60/day or \$150/week |                |  |
| EC Article A1011: Person Respon  | training and performance of horse listed on this entry form A, General Regulations, |                       | RV                                  | RV Power Hookup (\$200)                 |                                    |                |  |
| horse. EC Article A519 Vaccinati<br>has met the requirements of Article  |   |                       |                                     | SUBTOTAL CST (50% of State at 1)        |                                    |                |  |
| Rules of Equestrian Canada.  |   |                       |                                     | GST (5% of Subtotal)  Jump Alberta Levy |                                    |                |  |
| C' (CD'I D //I   |   |                       | TOT                                 | TAL (DEPOSIT \$250)                     | \$5.00<br>(\$250.00)               |                |  |
| Signature of Rider or Parent/I   | Legal Guardian  | Date                  |                                     |   | (=== 0.55. 420.)                   | (4 2 2 2 2 )   |  |
| Vaccinations   |   |                       |                                     |   |                                    |                |  |
| I have attached documentation<br>Influenza, EHV1 and EHV4 wi<br>sent in with your entry for  | thin the last 6 months. proof   |                       |                                     |   |                                    |                |  |
| Credit Card  |   |                       |                                     |   |                                    |                |  |
| Name on Card:  | Expiry:   | Expiry:               |                                     |   |                                    |                |  |
| Card Number:   | CSV Code: _   |                       |                                     |   |                                    |                |  |
| Signature:   |   | _                     |                                     |   |                                    |                |  |