Barn Affiliation: _____

Checks Payable To:
KVHA

Mail to: **Sarah Porter**
3500 Staunton Ave. Apt. 1
Charleston, WV 25304

2010 KVHA HORSE SHOWS

All Entry Fee $15 Except Class #1 and #22 Which Are $5

BACK #	NAME OF HORSE CLASS NUMBER UNDER NAME	S=STALL T= TRAILER	RIDER/DRIVER/HANDLER	OWNER CITY, STATE	TOTAL ENTRY FEES
				SUB TOTAL OF ENTRIES	**$**

OF PAGES:_____ / GRAND TOTAL ENTRY FEES $_____

# Tack Stall @ $30	$
# Stall @ $30	$
# Horse Ground Fee: $5/Showing Off Trailer	$
# Late Fee (s): $5/Per Horse	$
# Electric Hook-up @ $10/Per Day	$
TOTAL	$
Office Use: Total # of Horses	**Office Use: Total # of Stalls Reserved**

I hereby enter the above horse (s) at my own risk and subject to the rules and regulations of the horse show. I further agree to release the Kanawha Valley Horsemen's Association (KVHA) and the Winfield Riding Club, 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 KVHA in the event of any such liability to any owner, lessee, trainer, agent, employee, rider, driver or any other person representing the same in case of loss, accident, 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 EXHIBITORS(S) WHOSE ENTRIES ARE LISTED ON THIS FORM.**

Authorized Signature Date

ENTRIES CLOSE ONE WEEK (SATURDAY) PRIOR TO HORSE SHOW DATE **CURRENT NEGATIVE COGGINS TEST REQUIRED**