

The Swartz Creek Kiwanis Club Presents
The Crystal Horse Show
Shiawassee County Fairgrounds, Corunna, Michigan
July 30 & 31, 2010

Entry Close: July 23, 2010
 Post Entries Accepted at \$10 per horse.
 Make checks payable to
 Swartz Creek Kiwanis Club
 Mail Entries to:
 Sara Ressler
 5985 Cuthbert Rd
 White Lake, MI 48386

One Owner per Entry Blank

Indicate Rider Number in () for each class.

Leave Blank	Horse				Class# ()	Class# ()	Class# ()	Class# ()	Class# ()
	Color	Age	Sex	Reg. #	Entry Fee:	Entry Fee:	Entry Fee:	Entry Fee:	Entry Fee:
	Breed				Rider # 1:				
					Rider # 2:				
Leave Blank	Horse				Class# ()	Class# ()	Class# ()	Class# ()	Class# ()
	Color	Age	Sex	Reg. #	Entry Fee:	Entry Fee:	Entry Fee:	Entry Fee:	Entry Fee:
	Breed				Rider # 1:				
					Rider # 2:				
Leave Blank	Horse				Class# ()	Class# ()	Class# ()	Class# ()	Class# ()
	Color	Age	Sex	Reg. #	Entry Fee:	Entry Fee:	Entry Fee:	Entry Fee:	Entry Fee:
	Breed				Rider # 1:				
					Rider # 2:				

I hereby make the above entries at my own risk and will hold the Swartz Creek Kiwanis Club and the Shiawassee County Fairgrounds, their members and employees, collectively and individually blameless in the event of loss, accident or injury.

OWNER Information

Signature: _____
 Print Name: _____
 Address _____
 City: _____
 State _____ Zip _____
 Phone: _____

TRAINER Information

Signature: _____
 Print Name: _____
 Address _____
 City: _____
 State _____ Zip _____
 Phone: _____

RIDER Information #1

Signature: _____
 Print Name: _____
 Address _____
 City: _____
 State _____ Zip _____
 Phone: _____
 Date of Birth (Eq Rider) _____

RIDER Information #2

Signature: _____
 Print Name: _____
 Address _____
 City: _____
 State _____ Zip _____
 Phone: _____
 Date of Birth (Eq Rider) _____

Total Entry Fees from above	\$ _____
Office fees @\$10 per horse	\$ _____
Late Entry Fees @ \$10 per horse	\$ _____
Stalls fees @\$45	\$ _____
Camping Fees @ \$30	\$ _____
Total Fees \$ _____	
_____ Check payable to Swartz Creek Kiwanis Club	
or	
_____ Visa, _____ Mastercard	
CardHolder _____	
Acct# _____	Expiration _____
Date _____	
Signature _____	