

**2010 Harmony Hills Equestrian Center, Inc.
Fall Show Series Entry**

Show date: (check one)

_____ January 10, 2010

_____ February 7, 2010

_____ March 7, 2010,

Rider Name: _____ JR: (circle one) YES/NO

Address: _____

Phone: _____ Cell: _____

Email: _____

Horse Name: _____ Coggins: _____

Owner: _____

Combined Tests Level(s): (no more than 2 consecutive levels)

Fees:

Dressage Test(s):

(Make checks payable to HHEC, Inc)

Total Amount Due: _____

I understand I enter this competition at my own risk. I further understand that neither the organizer, HHEC, property owners, employees or volunteers for the competition accept any responsibility for accidents, damage, injury, illness or death to the horses, owners, riders, employees, volunteers, spectators, competitors, or any other person in connection with this event.

Rider Signature (Parent or guardian if rider is under 18)