

UMH RESPONSIBLE PARTY FORM

Spring Premier – April 24-25, 2009

(Please attach all horse registrations forms for which this party is responsible)

Total Regular Entries:		Price per Pre-entry	\$30	Total regular entry fees:	
		Price per entry:	\$35		
Championship Entries:		Price per entry:	\$50	Total Champ. entry fees:	
Horse Stalls: Thurs-Sat		Price per stall:	\$75	Total horse stall fee:	
Horse Stalls: Fri-Sat		Price per stall:	\$65	Total tack stall fee:	
Additional bedding		Price per bedding:	\$7	Total bedding fee:	
Out of trailer Number of days:		Charge per day:	\$10	Total out of trailer charge:	
Camper Number of days:		Charge per day:	\$25/night	Total camper charge:	
				Total amount due for event:	

Individual responsible for account: _____

Farm name: _____

Address: _____

Phone- Cell: _____ Home: _____

Email: _____ Fax: _____

I, the undersigned, on my own behalf or on behalf of any principal for whom I may be an agent, actual or apparent, enter the above names horse subject to all the rules and regulations of the show and any organization with whom the show is affiliated. I/We hereby waive all claims against the UMH and show management of any type whatsoever, whether the same be for damages, loss of value or reputation or any other claim of any type for loss to myself/ourselves, the horse exhibited, any vehicle, and other article, or any other person under my/own supervision and control. I/We specifically waive any claim that arise for exclusion of any horse from showing because of compliance or attempted compliance with any State or Federal law, any regulations there under, or any regulations issued by an affiliating organization. I/We also waive any claims arising out of errors involving booking or record keeping.

Signature of Responsible Party: _____

(If not signed, first entrance into the show ring as an exhibitor shall be construed as acceptance of this and all other show rules.)

Date: _____

Method of payment (must accompany entry form) _____ check _____ Visa _____ MC

Routing #: _____ Acct#: _____

Credit Card Number*: _____ Exp date: _____

CVC: (3 digit code on back of card) _____ Name on card: _____

Address of cardholder (if different than responsible party): _____

Make checks payable to: United Mountain Horse, Inc

Mail to: UMH 860 Kiddville Rd. Winchester, KY 40391

For questions call: 859-842-0270