Palmetto Finals Horse Show

Rider #1 _____ DOB _____

Street Address City/State/Zip _____

Rider/Agent Signature _____

December 1-3, 2023

CLOSING DATE NOVEMBER 23

MAKE CHECKS PAYABLE TO SCHJA E-Mail Entries to: jnodine8@gmail.com Postal Mail (before Nov 23) 1005 S Blackstock Rd, Landrum, SC 29356

(FOR STALLS -- Contact Janet Black

TOTAL

CHECK #

			threesprings28722@gmail.com • 828-606-0708)							
# OFFICE ONLY	Y HORSE OR PONY NAME (ONLY ONE PER BLANK)				SEX	Неіднт	Horse/Pony A	AGE	GREEN	
						Sm MD LG			1 2	
Name of First Rider		DOB		CLASSES (Schedule can be found at schja.com)						
Name of Second Rider		DOB		CLASSES (Schedule can be found at schja.com)						
either because I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result longer subject to backup withholding (does not apply to real estate transactions, mortgage interest paid, the acquisition or abandonm and payments other than interest or dividends). I agree to indemnify and save harmless the South Carolina Hunter Jumper Asso agents thereof from and against any and all loss, costs or expenses, or any claim thereof, of whatever nature arising or to arise, for in the event that the entries hereby made are made for and on behalf of an exhibitor under the age of 21 years, that I am one of such, entitle to make this entry for and on behalf of such minor, and I further hereby represent and agree that in the event that the age of 21 years, I have full authority and privilege from such other person to make such entry for and on behalf of such other person. Under South Carolina law, an equine activity sponsor or equine professional is not liable for an injury to, or the death of, a par equine activity resulting from an inherent risk of equine activity. Pursuant to Article 7, Chapter 9 of Title 47, Code of Laws of So 1976. Every person who participates in the show is responsible for knowledge of and is subject to the rules of the sanctioning association.					of secure property, contributions to an individual retirement arrangement (IRA) on (SCHJA) all and singular, the directors, officers, members, employees and account, or by reason of entry or entries hereby made thereby represent agree parents of such minor, or duly appointed legal guardian of such minor, and asy hereby made for and on behalf of another person other than a minor under the in an Carolina, STABLE WITH: ARRIVAL DATE: EMERGENCY CONTACT INFORMATION NAME:					
0	T	Trainar			PHON	IE:				
					Show Stall		\$120			
		Street Address City/State/Zip			\vdash	Ship-in/day		\$20		
		SS/TIN Corporation			\vdash	RV Hook-up/Sho	w	\$120		
		Name Associated with SS/TIN			\vdash	Service Fee		\$25	\$25	
		Phone			\vdash	Late Fee		\$25		
					\vdash	Non-Showing Fe		\$60		
Owner/Agent Signature		Trainer Signature				Bedding (per bag	3)	\$8.50		

Rider #2 _____ DOB ____

Street Address _____

City/State/Zip ____

Rider/Agent Signature _____