## MAPLE RIDGE EQUI-SPORT CENTRE SCHOOLING SHOW ENTRY FORM

## **OWNER INFO**

Name	HCBC N	lo
Address	Phone N	No
City	Prov	Postal Code
HORSE/PONY INFO		
Name	Trainer/S	Stable with:
RIDER INFO		
Name	Phone No	HCBC#
Address	D.O.B. (Jr)	Age Div
City	Prov	Postal Code
further acknowledge that horses and ho not hold any member or persons involve Volunteers or anyone whomsoever pres damage to persons or property, who att	tend the show.	
not hold any member or persons involve Volunteers or anyone whomsoever pres damage to persons or property, who att	tend the show.  and understand the above  for juniors)	responsible for any accident, injury and/or ve waiver. This entry cannot be accepted  Date
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TOTAL=\_\_\_\_