

~ Freedom Special Entry Form ~

**All blanks must be complete for National Points. (One Horse to a sheet and up to Three Exhibitors)
Only fill out all info on first sheet. (Total Number of Horses, Tack Stall, Shavings, etc.)**

Person to be Billed : _____ Back # _____

Horse's Name: _____ Reg. #: _____

Sex: _____ Year Foaled: _____ Horse is being: _____ Stalled or _____ Trailer In Total Number of Horses: _____

Owner's Name: _____ Nat. Membership#: _____
(Last) (First)

Address: _____

City: _____ State: _____ Zip: _____ Phone () -

Electrical Hookup Number of Days: _____ Jump Fees: _____ Cattle Fees: _____ Tack Stall: _____ Shavings: _____

Exhibitor Name: _____ Birthday: ____/____/____
(Last) (First)

Address: _____

City: _____ State: _____ Zip: _____ Phone () -

Please Check All That Apply: _____ Non-Pro _____ Youth _____ Novice / Nat. Membership#: _____

Relationship to Owner of Horse: _____ Email Address: _____

Classes Showing In: _____

Exhibitor Name: _____ Birthday: ____/____/____
(Last) (First)

Address: _____

City: _____ State: _____ Zip: _____ Phone () -

Please Check All That Apply: _____ Non-Pro _____ Youth _____ Novice / Nat. Membership#: _____

Relationship to Owner of Horse: _____ Email Address: _____

Classes Showing In: _____

Exhibitor Name: _____ Birthday: ____/____/____
(Last) (First)

Address: _____

City: _____ State: _____ Zip: _____ Phone () -

Please Check All That Apply: _____ Non-Pro _____ Youth _____ Novice / Nat. Membership#: _____

Relationship to Owner of Horse: _____ Email Address: _____

Classes Showing In: _____

Signature: _____ **Date:** _____

I acknowledge horseback riding is a sport which carries inherent risks of injury and damage to myself, others, horses, and property. I knowingly assume all risks. In consideration of my participation in this event, I will defend, indemnify, and hold harmless any agents or employees of the above against all claims, demands, and causes of action, including court costs and actual attorney's fees arising from any proceeding or lawsuit brought by or prosecuted to my benefit. This agreement is binding on my executors, heirs and assigns. My signature acknowledges that I have read this liability and medical release and know and understand it's contents.

Entries forms can be mail or email to:

Paul S. Connolly
14435 Autumn Road
Wapella, IL. 61777

pscincshow@gmail.com