SIGN UP FORM – W/T/C 14-18 VALLEY CITY SADDLE CLUB – SATURDAY

Exhil	oitor Nu	mber _									
Nam	e:										
Hors	e's Nam	ie:									
Addr	ess:										
Phone:					Age:			Member: Yes			No
<u>\$6/</u>	<u>\$8 Cla</u>	asses									
8	15	29	32	34	35	37	40	42	44	46	
								Cla	asses	x \$6/\$	8 =
<u>\$10</u>	Class	<u>ses</u>									
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17								c	lasse	s x \$15	=
									Cla	ass Tot	al:
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									Tack	c Stall(s	s):
											e:
									Cam	ping Fe	e:
									Gra	and Tot	al:
No re	funds ur	nless a V	et excu	se is pro	vided.						

Neither VCSC, their officers, nor anyone else involved with these shows will be held responsible for any accident and/or theft of any rider, horse, visitor or equipment. If under the age of 18, a minor **MUST** have permission to show. Parent, Guardian or Trainer must sign below.

Exhibitor/Parent/Guardian/Trainer _	Date
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