

SIGN UP FORM – W/T 35 & OVER VALLEY CITY SADDLE CLUB – SUNDAY

Exhibitor Number _____

Name: _____

Horse's Name: _____

Address: _____

Phone: _____ Age: _____ Member: Yes No

\$6/\$8 Classes

48 49 50 51 52 53 54 61 65 66 67 77 79
81 83 85

_____ **Classes x \$6/\$8 =** _____

\$10 Classes

47 56 76

_____ **Classes x \$10 =** _____

\$15 Classes

57

_____ **Classes x \$15 =** _____

Class Total: _____
Stall/Grounds Fee: _____
Tack Stall(s): _____
Barn Fee: _____
Camping Fee: _____

Grand Total: _____

No refunds unless a Vet excuse is provided.

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 _____