

Office Use

# Swan Lake Horse Shows 2017 Spring/Summer Local Show Series



- |   |   |
|---|---|
| <input type="checkbox"/> <b>Spring/Summer I</b> April 8, 2017 (H/J)   | <input type="checkbox"/> <b>Spring/Summer IV</b> July 8, 2017 (H/J)         |
| <input type="checkbox"/> <b>Spring/Summer II</b> May 6, 2017 (H/J)    | <input type="checkbox"/> <b>Spring/Summer V</b> Aug 13, 2017 (H/J)          |
| <input type="checkbox"/> <b>Spring/Summer III</b> June 11, 2017 (H/J) | <input type="checkbox"/> <b>Spring/Summer VI Finale</b> Sept 23, 2017 (H/J) |

**Please keep information consistent throughout show series! This is the information we use to track your points. Only information on this entry blank will be used (including trainer information for the trainer award)!**

**Horse:** \_\_\_\_\_

**Rider One:** \_\_\_\_\_ Age: \_\_\_\_\_

Classes Rider One: \_\_\_\_\_

**Rider Two:** \_\_\_\_\_ Age: \_\_\_\_\_

Classes Rider Two: \_\_\_\_\_

Office Fee	\$ 20
Schooling Fee (\$15)	_____
Stall (Night) (\$65)	_____
Stall (Day) (\$40)	_____
Bedding (\$7.75) x _____ =	_____
Please make all checks (in US funds) payable to Swan Lake Stables LLC.	

Visit [www.SwanLakeStables.com](http://www.SwanLakeStables.com) for updates and information

**Rider One** (Mandatory)

**Rider Two** (Mandatory if 2nd Rider)

**Owner** (Mandatory)

**Mail Entries To:**

Signature \_\_\_\_\_  
 Print Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_

Signature \_\_\_\_\_  
 Print Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_

Signature \_\_\_\_\_  
 Print Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_

Swan Lake Stables  
 381 Flatbush Road  
 Littlestown PA, 17340

Enter **FREE** online at:  
[HorseShowsOnline.com](http://HorseShowsOnline.com)

\_\_\_\_\_  
 Parent/Guardian Signature (if Rider One is a minor)

\_\_\_\_\_  
 Parent/Guardian Signature (if Rider Two is a minor)

\_\_\_\_\_  
 Print Parent/Guardian Name

\_\_\_\_\_  
 Print Parent/Guardian Name

(\_\_\_\_\_) \_\_\_\_\_  
 Emergency Contact Number

(\_\_\_\_\_) \_\_\_\_\_  
 Emergency Contact Number

**Trainer or Coach** (Mandatory)

Signature \_\_\_\_\_  
 Print Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Contact Number (\_\_\_\_\_) \_\_\_\_\_

*This Entry form serves as a release. By signing this you are agreeing not to hold Swan Lake Horse Shows or Swan Lake Stables LLC responsible for any injury or damage of property that may occur while on the Horse Show Grounds.*

**ENTRY BLANK MUST BE COMPLETE!!** All information including all signatures must be filled out. Payment for classes and a negative coggins within the last year **MUST** be presented to secretary before numbers can be picked up. **NO EXCEPTIONS!**