



SHOW DATE: _____ NUMBER: _____

HORSE'S NAME: _____

RIDER: _____ PHONE: _____

OWNER: _____ PHONE: _____

CLASS NUMBERS ENTERED

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PLEASE CHECK ONE: CHILD _____ ADULT _____ EMAIL _____

I hereby enter the above listed horses at my own risk and subject to all rules and regulations of the Chagrin Valley Farms Horse Show. I further agree that if any damage be occasioned, or loss occur to the horses exhibited, to any vehicle, article or person which I may send with such horses, I will make no claim against CHAGRIN VALLEY FARMS STABLES.

OWNER SIGNATURE: _____ PRE-ENTRY FEES: _____

OWNER ADDRESS: _____ POST-ENTRY FEES: _____

_____ STABLING: _____

RIDER SIGNATURE _____ GROUNDS FEE: _____ \$20.00

RIDER ADDRESS: _____ TRAILER-IN FEE: _____

_____ BEDDING: _____

TRAINER: _____ TOTAL: _____

(Parent or Guardian if rider is under age 18) PAID: _____

_____ BALANCE: _____

MAIL ENTREIES TO: CVF, P.O. Box 714, Chagrin Falls, OH 44022

OPHA Rated
MHJA Rated
WPA PHA Rated
Up & Over Rated

Hay & bedding orders must be received by 1:00 pm for next day delivery

CHAGRIN VALLEY FARMS
9250 WASHINGTON STREET
CHAGRIN FALLS, OHIO 44023
www.chagrinvalleyfarms.com
(440) 543-7233