

# Florida Winter Series I - February 12-14, 2010

# Entries and Stalls Close: February 2, 2010

OFFICE USE ONLY	HORSE NAME	RIDERS	CLASS NUMBERS							
	COLOR    SEX    HT.    AGE    GREEN 1 2	HORSE/PONY SM    MD    LG								
ENTRY AGREEMENT OWNER		RIDER ONE	TRAINER							
OWNER NAME		RIDER NAME	B-DAY MM/YY							
ADDRESS		ADDRESS	FARM NAME							
CTY/ST/ZIP		CTY/ST/ZIP	ADDRESS							
E-MAIL		E-MAIL	CTY/ST/ZIP							
PHONE		PHONE	E-MAIL							
RECIPIENT OF PRIZE MONEY AWARDS		RIDER TWO								
NAME OF INDIVIDUAL OR CORPORATION		RIDER NAME	B-DAY MM/YY							
SS# _____ -OR- FED ID# _____		ADDRESS	PHONE							
ADDRESS		CTY/ST/ZIP	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">PAYABLE TO</th> <th style="width: 50%;">MEMBER #S FOR ASSOCIATION</th> </tr> <tr> <td>PSJ 147 Warehouse Road Aiken, SC 29801</td> <td>Member</td> </tr> <tr> <td rowspan="2">CANADIAN EXHIBITORS REFER TO PRIZE LIST "RULES &amp; REGS" AS TO PAYMENT IN U.S. FUNDS.</td> <td>Horse</td> </tr> <tr> <td>Owner</td> </tr> </table>	PAYABLE TO	MEMBER #S FOR ASSOCIATION	PSJ 147 Warehouse Road Aiken, SC 29801	Member	CANADIAN EXHIBITORS REFER TO PRIZE LIST "RULES & REGS" AS TO PAYMENT IN U.S. FUNDS.	Horse	Owner
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	Owner									
CTY/ST/ZIP		E-MAIL	HORSES ARRIVE:							
		PHONE	STABLE WITH:							

### PSJ Entry Agreement

Under penalty of perjury, I certify that (1) the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me) and (2) I am not subject to backup withholding either because I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends or IRS has notified me that I am no longer subject to backup withholding (does not apply to real estate transactions, mortgage interest paid, the acquisition or abandonment of secure property, contributions to an individual retirement arrangement (IRA), and payments other than interest or dividends). I agree to indemnify and save harmless The Progressive Show Jumping, Inc. (PSJ) all and singular, the directors, officers, members, employees and agents thereof from and against any and all loss, costs or expenses, or any claim thereof, of whatever nature arising or to arise, for an account, or by reason of entry or entries hereby made thereby represent agree in the event that the entries hereby made are made for and on behalf of an exhibitor under the age of 21 years, that I am one of the parents of such minor, or duly appointed legal guardian of such minor, and as such, entitle to make this entry for and on behalf of such minor, and I further hereby represent and agree that in the event that the entry hereby made for and on behalf of another person other than a minor under the age of 21 years, I have full authority and privilege from such other person to make such entry for and on behalf of such other person.

**Under Florida Law**, an equine activity sponsor or equine progression is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities

*Every person who participates in the show is responsible for knowledge of and is subject to the rules of the sanctioning associations.*

Show Stall	\$100 x _____ = \$ _____
Ship-in	\$30 x _____ = \$ _____
RV Hook-up/Show	\$100 x _____ = \$ _____
Service Fee	\$25 x _____ = \$ _____
Late Fee	\$25 x _____ = \$ _____
Non-Showing Fee	\$50 x _____ = \$ _____
Paddock	\$200 x _____ = \$ _____

**Lodging:** \_\_\_\_\_  
**Name:** \_\_\_\_\_

<b>MANDATORY</b>	OWNER/AGENT SIGNATURE: _____	RIDER/HANDLER SIGNATURE: _____	TRAINER SIGNATURE: _____
	PRINT NAME: _____	PRINT NAME: _____ <small>Is Rider a U.S. Citizen?    YES [ ]    NO [ ]</small>	PRINT NAME: _____
	PARENT/GUARDIAN SIGNATURE: _____	RIDER/HANDLER SIGNATURE: _____	COACH SIGNATURE: (if applicable) _____
	PRINT NAME: _____ <small>(Required if Rider/Handler is a minor)</small>	PRINT NAME: _____ <small>Is Rider a U.S. Citizen?    YES [ ]    NO [ ]</small>	PRINT NAME: _____