

HORSE NAME				RIDERS				CLASSES			
OFFICE USE ONLY		HORSE NAME		RIDER ONE		RIDER TWO		CLASSES		CLASSES	
COLOR	SEX	HTC	AGE	GREEN	1	2	SM	HORSE/PONY	MD	LG	
ENTRY AGREEMENT OWNER				RIDER ONE				RIDER TWO			
OWNER NAME		RIDER NAME		RIDER NAME		RIDER NAME		NAME		NAME	
ADDRESS		ADDRESS		ADDRESS		ADDRESS		FARM NAME		FARM NAME	
ADDRESS		ADDRESS		ADDRESS		ADDRESS		ADDRESS		ADDRESS	
CTY/ST/ZIP		CTY/ST/ZIP		CTY/ST/ZIP		CTY/ST/ZIP		CTY/ST/ZIP		CTY/ST/ZIP	
E-MAIL		E-MAIL		E-MAIL		E-MAIL		E-MAIL		E-MAIL	
TEL.		TEL.		TEL.		TEL.		TEL.		TEL.	
RECIPIENT OF PRIZE MONEY AWARDS				PAYABLE TO				MISC. FEES			
NAME OF INDIVIDUAL OR CORPORATION		CORPORATION		PSJ		147 Warehouse Road		PSJ		HORSIES ARRIVE:	
SS#		CORPORATION		ALLEN, SC 29801		ALLEN, SC 29801		CANADIAN EXHIBITORS REFER		STABLE WITH:	
ADDRESS		CORPORATION		ALLEN, SC 29801		ALLEN, SC 29801		TO PRIZE LIST "RULES & REGS" AS			
CTY/ST/ZIP		CORPORATION		ALLEN, SC 29801		ALLEN, SC 29801		TO PAYMENT IN U.S. FUNDS.			
ADDRESS		CORPORATION		ALLEN, SC 29801		ALLEN, SC 29801		TO PAYMENT IN U.S. FUNDS.			
CTY/ST/ZIP		CORPORATION		ALLEN, SC 29801		ALLEN, SC 29801		TO PAYMENT IN U.S. FUNDS.			
<p>PSJ Entry Agreement</p> <p>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 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, entitled 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.</p> <p>Under South Carolina law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from an inherent risk of equine activity. Pursuant to Article 7, Chapter 9 of Title 47, Code of Laws of South Carolina, 1976.</p>											
OWNER/AGENT SIGNATURE:				RIDER/HANDLER SIGNATURE:				TRAINER SIGNATURE:			
PRINT NAME: _____				PRINT NAME: _____				PRINT NAME: _____			
PARENT/GUARDIAN SIGNATURE: _____				RIDER/HANDLER SIGNATURE: _____				COACH SIGNATURE: (if applicable) _____			
PRINT NAME: _____ (Required if Rider/Handler is a minor)				PRINT NAME: _____				PRINT NAME: _____			
Total Amount Enclosed				Total Amount Enclosed				Total Amount Enclosed			
\$ _____				\$ _____				\$ _____			
<p>PLEASE CALL SHAVINGS ORDERS</p> <p>INTO OFFICE OR SEND EMAIL</p> <p>803-649-3505 / PSJSHOWS@AOL.COM</p>											

MANDATORY