

## UMH RESPONSIBLE PARTY FORM

### KY State Show – July 3-4, 2009

(Please attach all horse registrations forms for which this party is responsible) **Date:** \_\_\_\_\_

Total Regular Entries:		Price per Pre-entry	<b>\$30</b>	Total regular entry fees:	
		Price per entry:	<b>\$35</b>		
Championship Entries:		Price per entry:	<b>\$50</b>	Total Champ. entry fees:	
Horse Stalls: Thurs-Sat		Price per stall:	<b>Circle one*: \$65- pre entry \$85- post entry</b>	Total horse stall fee:	
Horse Stalls: Fri-Sat		Price per stall:	<b>Circle one*: \$55- pre entry \$75- post entry</b>	Total tack stall fee:	
Additional bedding		Price per bedding:	\$7	Total bedding fee:	
Out of trailer Number of horses:		Charge per horse:	\$10	Total out of trailer charge:	
Camper Number of days:		Charge per day:	\$25/night	Total camper charge:	
				<b>Total amount due for event:</b>	

**\* If stalls are reserved at least one week prior to show date, you may receive the lesser rate.**

Individual responsible for account: \_\_\_\_\_

Farm name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone- Cell: \_\_\_\_\_ Home: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

I, the undersigned, on my own behalf or on behalf of any principal for whom I may be an agent, actual or apparent, enter the above names horse subject to all the rules and regulations of the show and any organization with whom the show is affiliated. I/We hereby waive all claims against the UMH and show management of any type whatsoever, whether the same be for damages, loss of value or reputation or any other claim of any type for loss to myself/ourselves, the horse exhibited, any vehicle, and other article, or any other person under my/own supervision and control. I/We specifically waive any claim that arise for exclusion of any horse from showing because of compliance or attempted compliance with any State or Federal law, any regulations there under, or any regulations issued by an affiliating organization. I/We also waive any claims arising out of errors involving booking or record keeping.

Signature of Responsible Party: \_\_\_\_\_

(If not signed, first entrance into the show ring as an exhibitor shall be construed as acceptance of this and all other show rules.)

Date: \_\_\_\_\_

Method of payment (must accompany entry form) \_\_\_\_\_ check \_\_\_\_\_ Visa \_\_\_\_\_ MC

Routing #: \_\_\_\_\_ Acct#: \_\_\_\_\_

Credit Card Number\*: \_\_\_\_\_ Exp date: \_\_\_\_\_

CVC: (3 digit code on back of card) \_\_\_\_\_ Name on card: \_\_\_\_\_

Address of cardholder (if different than responsible party): \_\_\_\_\_

**Make checks payable to: United Mountain Horse, Inc**

**Mail to: UMH 860 Kiddville Rd. Winchester, KY 40391**

**Email : [cathy@unitedmountainhorse.net](mailto:cathy@unitedmountainhorse.net) or Fax: 859-842-0884**

**For questions call: 859-842-0270**