



# Colorado State University

CSU Spring Collegiate Show

March 7-8, 2015

CSU Equine Center, Fort Collins, CO



Judge: Steve Schwartzenberger, CO Show Contact: Meagan Young Show Secretary: Robin Miller

### PLEASE COMPLETE ONE ENTRY FORM FOR EACH RIDER/HORSE COMBINATION

All exhibitors must be a current member of the American Stock Horse Association to compete.

**Entries Due: February 25, 2015** – Late entries accepted up **until 7:00am** the day of the show with a **\$10 late fee** and no guarantee of fresh cattle; **if canceling after February 25, 2015**, must call show secretary or show manager and pay a **cancellation fee \$60**.

**All horses must have a COPY of Health Certificate within the last 30 days along with a negative Coggins test in the last year.**

#### EXHIBITOR INFORMATION:

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 ASHA Member #: \_\_\_\_\_ Relationship to Owner: \_\_\_\_\_  
 CoWN Member #: \_\_\_\_\_ College: \_\_\_\_\_

#### OWNER INFORMATION:

Name: \_\_\_\_\_ ASHA Member #: \_\_\_\_\_ CoWN #: \_\_\_\_\_

#### HORSE INFORMATION:

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ S \_\_\_\_\_ G \_\_\_\_\_ M

ASHA Competition License: \_\_\_\_\_

**Coggins Accession #:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Lab:** \_\_\_\_\_

*Release: Under Colorado Law, an equine professional is not liable for injury to or death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Section 13-21, Colorado Revised Statutes. I/We hereby request to enter the event indicated and agree to abide by the bylaws, standing rules, judging and rules of the respective organizations involved with this event. I/We hereby release ASHA, CSU and other involved organizations, its members and employees, and anyone associated with this event including the clinician(s) from any loss to myself, employees, agents, horses, vehicles, and/or equipment while attending and/or participating in this event. The provisions contained herein are hereby made a part of this entry agreement.*

Adult Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Exhibitor Allergies: \_\_\_\_\_ Exhibitor Meds: \_\_\_\_\_

I hereby give my permission to have an EMT/Paramedic and/or Doctor of Medicine or Dentistry provide medical assistance and/or treatment and agree to be responsible financially for the cost of each assistance and/or treatment.

Adult Signature: \_\_\_\_\_ Date: \_\_\_\_\_

| Classes       | Non-Pro | Limited Non-Pro | Novice |
|---------------|---------|-----------------|--------|
| All 4 Classes | \$90    | \$90            | \$90   |
| Pleasure      | \$15    | \$15            | \$15   |
| Trail         | \$15    | \$15            | \$15   |
| Reining       | \$15    | \$15            | \$15   |
| Working Cow   | \$45    | \$45            | \$45   |
| Clinic        | \$30    | \$30            | \$30   |

Please Circle Division:                      **NON-PRO**                      **LTD NON-PRO**                      **NOVICE**

#### Entry Fees:

Office Charge **\$15**/entry: \$ \_\_\_\_\_ \$15 \_\_\_\_\_  
 Clinic Fee **\$30** Max 15 riders: \$ \_\_\_\_\_  
 Paid Cow Warm-Up **\$35** Max 20 Riders, 5 min/rider: \$ \_\_\_\_\_  
 Total Class Fees: \$ \_\_\_\_\_  
 ASHA Membership (**\$25**) Collegiate (**\$15**): \$ \_\_\_\_\_  
 CoWN Membership (**\$25**): \$ \_\_\_\_\_  
 Stalls **\$20**/night/horse (shavings not included) 30 stalls available: \$ \_\_\_\_\_  
 Late Fee (**\$10**): \$ \_\_\_\_\_  
**Total:** \$ \_\_\_\_\_

Make checks payable to **CSU Equestrian Team** and mail entries to:

Robin Miller

31257 Country Road 74

Galeton, CO 80622

Phone: (970) 396-4440

Email: millerag.robin@aol.com

Questions: Meagan Young

Phone: (303) 842 -5262

Email: ymeagan@rams.colostate.edu