



Colorado State University

American Stock Horse Association Clinic and Competition
Friday February 19th and Saturday February 20th, 2016
CSU Equine Center, Fort Collins, CO



Clinician: Judges: Kevin Meyer and Holly Tracy Show Contact: Ashley Reisenauer 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. All horses must have an ASHA competition license to compete. A copy of both membership and competition license **MUST** be included with entry forms.

Entries Due: Sunday February 14th, 2016 – Late entries accepted up **until 7:00pm** the day before the show with a \$20 late fee and no guarantee of fresh cattle.

All horses must have a health certificate (within the last 48 hours) along with a negative Coggins test (within the last 12 months)

EXHIBITOR INFORMATION:

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Owner's Name: _____ Birth date for Youth: _____

Exhibitor ASHA Member #: _____ Owner Member #: _____

CoWN Member #: _____ Email Contact: _____

HORSE INFORMATION:

Name: _____ Gender: ___S___G___M___ ASHA Comp 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	Collegiate Non-Pro	Collegiate Ltd Non-Pro	Collegiate Novice
All 4 Classes	\$85	\$85	\$85
Pleasure	\$15	\$15	\$15
Trail	\$15	\$15	\$15
Reining	\$15	\$15	\$15
Working Cow	\$45	\$45	\$45
Clinic	\$65	\$65	\$65

Non-Pro Ltd Non-Pro Novice Collegiate (circle appropriate class)

Clinic will begin on Friday starting at 5:30pm

All collegiate classes and divisions (Non-Pro, Ltd Non-Pro, and Novice) will show on Saturday starting at 7:00am

There are no RV or Camper Hookups

There will not be any stalls available

Total Class Fees: \$ _____

Clinic Fee \$65 \$ _____

Office Charge \$15/entry: \$ 15.00 _____

ASHA Membership (\$25) Collegiate (\$15): \$ _____

ASHA Horse Competition License (\$15): \$ _____

CoWN Membership (\$25) \$ _____

Late Fee (\$20): \$ _____

Total: \$ _____

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

Robin Miller

31257 County Road 74

Galeton, CO. 80622

Phone: (970) 396-4440 Email: Millerag.robin@aol.com

Questions: John Snyder

Phone: (806) 422-0495

Email: John.Snyder@colostate.edu