



# Brandywine Hounds Pony Club Jumper Show

*Doe Run Valley Farm*



POST ENTRIES

August 10, 2008

POST ENTRIES

**2008 JUMPER SHOW ENTRY FORM** - ONE horse per form - **PRINT** clearly

**Horse and Rider Information:**

Horse: \_\_\_\_\_  
 Rider: \_\_\_\_\_ DOB (if under 21yrs): \_\_\_\_\_  
 Address: \_\_\_\_\_ Pony Club (if applicable): \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

OFFICIAL USE ONLY	
Postmark	_____
Entry Fee	_____
Coggins Test	_____
Signatures	_____

*If riding more than one horse, please state additional Horse(s) name(s) & division(s):*

*If competing in the Team Competition please list the team name and all the riders (must be 3 or 4 riders):*

**Fill Out and Tally Classes:**

**JUMPER SHOW Class(es):** \_\_\_\_\_ X \$20.00 = \$ \_\_\_\_\_  
 (Or \$55 per division)

**CROSS-COUNTRY SCHOOLING:** \_\_\_\_\_ X \$25.00 = \$ \_\_\_\_\_  
 (\$20 for pony clubbers)

**Total Amount =** \$ \_\_\_\_\_

I enclose a total of \$ \_\_\_\_\_ .00 and a **current** Negative Coggins for the aforementioned entry, which is made at my own risk and subject to the conditions of the Brandywine Hounds Pony Club Jumper & Dressage Show.

**RELEASE:** I understand that this is a high risk sport and am participating at my own risk. I hereby assume this risk and further do hereby release and hold harmless the Organizer, its organizing committee, judges, officials, agents, volunteers, and the Landowners from all liability for negligence resulting in accidents, damage, injury, or illness to myself and my property including the horse or horses which I will compete at this event. (Parent or guardian must sign if rider is under 18).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Parent/Guardian must sign if competitor is under 18*

**COPY** this form and mail with **Negative Coggins Test** and **check** made payable to Brandywine Hounds Pony Club to:

**BHPC Jumper Show, Secretary – BHPC Secretary - PO Box 962 - Unionville PA 19375**  
 Phone (484)607-8037 Fax (610) 594-5759 [laura\\_pitt@westpharma.com](mailto:laura_pitt@westpharma.com)