



Brownland Farm | No Frills V 2018 Entry Form

MTHJA DOUBLE POINTS SHOW

Each No Frills Show, even if running on consecutive days, needs a separate entry form.

PLEASE MAIL ENTRIES TO:

BROWNLAND FARM, LLC PH: (615) 791-8180
 P.O. BOX 473 FX: (615) 791-8182
 FRANKLIN, TN 37065 www.brownlandfarm.com

ONE ENTRY FORM PER OWNER, PLEASE

No Frills V

Warm Up: Friday, August 24, 2018
 Show Day: Sunday, August 26 2018

Shows starts at 8:00 am

Number: _____

| ENTRY NUMBER | HORSE | OWNER | RIDER | CLASSES | ENTRY FEE |
|--------------|-------|-------|-------|---------|-----------|
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Every entry at this Show shall constitute an agreement that the person making it, along with the owners, trainer, manager, agent, coach, rider and the horse (1) shall be subject to the rules of the show, (2) that every horse and rider is eligible as entered, (3) that the owner and any of his representatives will accept the decision of the show committee as the final on any questions arising under the Rules of the Show, (4) that the owner, rider and any of the agents or representatives agree to Brownland Farm LLC, the Show and their Officials, employees and agents, harmless for any injury or loss suffered during or in connection with the Show, whether or not such injury or loss resulted directly or indirectly from negligent acts or omissions.

FEES:

| | | |
|---|---------------|----------|
| Office Fee | \$ 20.00 | \$ _____ |
| Non-Showing Horse | \$ 40.00 | \$ _____ |
| Entry Fee Per Class | \$ 20.00 | \$ _____ |
| Late Registration (received after Friday) | \$ 20.00 | \$ _____ |
| Medical Expenses Per Horse | \$ 15.00 | \$ _____ |
| Stall Fee (Per-Night) | \$ 35.00 | \$ _____ |
| _____ | # of Shavings | \$ _____ |

Total \$ _____

PERMISSION FOR A MINOR TO SHOW MUST BE SIGNED BY A PARENT OR LEGAL GUARDIAN.

Signature: _____

OWNER: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Signature: _____

TRAINER: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Signature: _____

RIDER: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Signature: _____