

OWNER INFORMATION:

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

PCHA# _____ LAHSA# _____ SFVHSA# _____

*See back of entry blank for signatures
Please send a copy of your PCHA membership*

Foxfield Horse Show

Make checks payable to:
FOXFIELD
P.O. Box 3576
Westlake Village, CA 91359

Information:
805-495-5515
www.foxfield.com
fax: 805-497-1799

TRAINER INFORMATION:

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

PCHA# _____ LAHSA# _____ SFVHSA# _____

*See back of entry blank for signatures
Please send a copy of your PCHA membership*

Name of Horse	Age	Color	Sex	Height	Classes Entered					Fees

RIDER INFORMATION:

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Birthdate: _____

PCHA# _____ LAHSA# _____ SFVHSA# _____

USET# _____ CPHA# _____

*See back of entry blank for signatures
Please send a copy of your PCHA membership*



Riding School
1250 East Potrero Road
Westlake Village, CA 91361

Total Entry Fee	\$
Mandatory PCHA Fee (\$3.00/horse)	\$
Mandatory LAHSA Fee (\$3.00/horse)	\$
Mandatory CA Drug Fee (\$5.00/horse)	\$
School Horse Rental (\$3.00/class)	\$
Total Amount:	\$

Please complete and sign following page

SIGNATURES REQUIRED IN THREE (3) PLACES BELOW
Entries must be signed to be accepted

Every entry at a Recognized Competition shall constitute an agreement and affirmation that the person making it, along with the owner, lessee, trainer, manager, agent, coach, driver, rider and the horse: (1) Shall be subject to the Rules of the Pacific Coast Horse Shows Association and the local rules of the Competition; (2) that every horse, rider and/or driver is eligible as entered; (3) that the owner and any of his representatives are bound by the rules of the Association and the Competition and will accept as final the decision of the hearing committee on any question arising under said rules and agree to hold the Competition, the Association, their officials, directors and employees harmless for any action taken; (4) that the owner, rider/driver and any of their agents or representatives agree to hold the Association, the Competition and their officials, directors and employees and agents harmless for any injury or loss suffered during or in connection with the Competition, whether or not such injury or loss resulted, directly or indirectly, from the negligent acts or omissions of said officials, directors, employees or agents of the Association or the Competition.

RIDER

OWNER

TRAINER

signature

signature

signature

print name

print name

print name

date

date

date

PARENT (required if rider is under 18)

signature

print name

date