

GSPA Entry Form

Entry#

Horse's Name:	Sex:	Year Foaled:
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Owner's Name	Phone:
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Address:	City:	State:	Zip:
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Exhibitor #1

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Youth Birthdate: Please use one square for each class number

Exhibitor #2

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Youth Birthdate: Please use one square for each class number

Exhibitor #3

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Youth Birthdate: Please use one square for each class number

● I hereby enter the above horse at my own risk & subject to all rules & regulations of GSPA & ground rules of Ingalls Park. I agree to indemnify and hold harmless GSPA, PHBA, & City of Norco, and any agent or employee of the above against any and all claims, liabilities, losses, costs, damages and attorneys' fees incurred resulting from the participation of the above entries, nor will I make any claim against them.

● SIGNATURE (Owner/Agent/Exhibitor) _____

● Parent or Guardian _____

● Address _____

● City _____ State _____ Zip _____ Phone _____

Open Classes	@ \$7	\$ _____
Calif. Drug Fee		\$ _____ \$5 _____
Grounds Fee		\$ _____ \$5 _____
Membership (optional)	@\$15	\$ _____
Total Due	\$	\$ _____

Pd. Check #

Pd. Cash
