



SILVER HEELS RIDING CLUB, INC 2026 ENTRY FORM

Please return this form by:

Email: shrcentries@yahoo.com

OR In Person the day of show (post entry fees apply)

Entries MUST be received by 8pm WEDNESDAY to avoid Post Entry Fee

Show Date: ___ May 10th ___ June 14th ___ July 12th ___ September 20th

Member YES / NO (circle one) Horse / Rider Back # _____ (assigned at your first show of the current season)

Rider's Name _____
Address _____
City / State / Zip _____

Phone # _____
Email Address _____
Rider's Date of Birth _____

Horse's Name _____
Horse's Owner _____
Trainer / Barn _____

Horse _____ OR Pony _____ Sex _____
Horse's Age as of January 1st: _____
Breed _____ Reg # _____

CLASS #'s: _____

Member Class Fee \$13 x _____ (# of classes) = \$ _____
Non-Member Class Fee \$15 x _____ (# of classes) = \$ _____
Office Fee (\$10.00) \$ 10.00
Ring Radar Fee (\$5.00) \$ 5.00
Post Entry Fee (\$15.00) \$ _____
Truck In Non-Showing Fee (\$25.00) \$ _____
Total \$ _____

Payment: cash / check / Credit Card
(Credit Card will incur a processing charge)

Show bills not closed out will incur a \$10 Charge

Returned Checks will incur ALL Bank Charges

I hereby certify that every horse, pony, rider and/or driver is eligible as entered and agree for myself and my representatives to be bound by the by-laws of the Silver Heels Riding Club, Inc. (hereafter SHRC) and to abide by all regulations of the event and any other rules and regulations in-effect. Further, I agree that if any damage shall be occasioned or loss occur, by fire or otherwise to the equine(s) exhibited or to any vehicle or other article that I may send with such equine(s), that I will make no claim therefore. I further agree to forfeit and pay to SHRC the sum of \$500.00 per animal, as and for liquidated damages if any animal that I may exhibit is suffering from any contagious or infectious disease. I further agree to hold SHRC harmless from any claim or demand of whatever kind or nature that may be occasioned by the equine(s) exhibited by me and/or the negligence of persons in charge of such equine(s) and to repay SHRC on demand all damages it may sustain by reason of any claim or demand as aforesaid. In consideration of the acceptance of this application, I hereby waive, release & discharge any and all claims for damages or death, personal injury or property damage which I might have or which may hereafter occur to me, as a result of my participation in this equine event. This release is also to discharge in advance, the promoters, sponsors, SHRC officials and their respective agents, assigns, and employees, from any negligence or carelessness on the persons or entities mentioned above. I understand that serious accidents occasionally can or may occur during equine events and that participants in equine events may sustain mortal or serious injury, and or property damage, as a consequence there of. Knowing the risks in this type of event and or equine activity, nevertheless, I hereby agree to assume those risks.

(Equine Law: MA-MGL Chapter 128, Section 2D ME-Title 7: Chapter 743, Section 3 NH-NH Bill 793, 508:19)

Date (mm/dd/yy) Print Name

Signature (If Exhibitor is under 18, Legal Guardian must sign)