

NAME:

DATE:	Speed 2023/2024 SEASON Entry		
EXHIBITOR:	D.O.B.:	MEMBER: YES or NO	
HORSE'S Name:	D.O.B.:	MUSIC: YES or NO	
Horse Nominated: YES or NO			

ODRESS:						
LEFTIONE.	CEL	CELLPHONE:			EMAIL:	
LEAD LINE (3/UP)	1	7	13			
EXHIBITION	2	8	14	19	24	29
PEE WEE (5-9 YEARS OLD)	3	9	15	20	25	30
YOUTH (10-13 YEARS OLD)	4	10	16	21	26	31
JUNIOR (14-17 YEARS OLD)	5	11	17	22	27	32
SENIOR (18 YEARS & OVER)	6	12	18	23	28	33

Under Florida Law, an equine activity aponsor or equine professional is not liable for an injury to, or the deeth of, a participant in equine activities resulting from the inharent risks of equine activities. Section 92: Nothing in this act shall be construed to limit in any way the limitations of liability granted to private citizens who allow the public to use their land for recreational purposes, as provided in a.378.251, FL Statues. Section 93: Except as otherwise expressly provided in this act, this act shall take effect upon becoming a law. Became a law without the Governor's approval. May 5, 1993. Filed in the Office of Secretary of State, May 4, 1993. In algular and submitting my entry, I hereby release the Punts Gorda Horseman's Association, Charlotte County, a Political subdivision of the State of Florida and all Officers, Agents, Employees, and Volunteers of the same from any claim or right for damages, which may occur to me or my horse or other property at this event. I take full responsibility for myself and/or my child if an incident should occur. It is understood by signing this entry, I HAVE READ AND FULLY UNDERSTAND AND

Signature:

Signature:

PAYMENT SCH	EDULE
(office use or	nly)
ENTRY FEE PER CLASS	
i	
\$10.00Members &	\$
Non Members	v
Total Class Entries	x
Total Class Crines	5
Admin Fee \$10.00	<u> </u>
Grounds Fee \$5.00	\$
EXHIBITION CLASSES \$5.00 EACH	\$
CREDIT CARD FEE \$5.00	s
TOTAL ENTRY FEES	\$
	<u> </u>
<u>MEMBERSHIP</u>	
\$85.00 Family Membership \$45.00 Individual Riding/Shor \$5.00 Individual Non-Riding/S	wing Shawina
(\$20 4H Discount)	\$
Nomination \$25.00	\$
Sponsor: \$50 -\$100 - \$125 - \$500	\$
TOTAL PAID:	\$
Cash Check#	CC

BACK #: _____

STATE: _____ ZIP: ____