

Doc Bol Memorial Horse Show

Please Print Clearly

Office Use Only	Class Numbers in which horse will be shown	Name of Horse	Breed	Name of Rider	Name of Owner City & State	Total Entry Fees

Make checks payable to MWA (Minnesota Walking Horse Association)

The undersigned does hereby absolve and release all persons and parties connected with this horse show from any claims for damage to (or loss of) horses or equipment; and does accept personal liability and responsibility for self, family, companions, employees and animals and their actions and/or any damage caused by any of the above during this horse show.

This Entry Form must be signed to be honored: Signature: _____

Owner's Name (print) _____

Address _____

City _____ State _____ Zip _____

Trainer's Name: _____

Signature of Parent or Guardian if under 18 yrs. _____

	Total entry fees @ \$10 each	
	Stalls @ \$30 each	
	Office Fee @ \$5 per horse	
	Sponsorship @ \$20 each	
	Total Due:	

Office Use Only:

Paid check #	_____	_____
Paid cash	_____	_____