

Summer Solstice Soiree

Springfield, OH June 14, 15 & 16, 2024 Entries close May 28, 2024

Horse information – Photocopy of Registration papers as REQUIRED for Friesian, ASB, DHH with your entry

Registered Name of Horse	Reg. No.	DOB MM/DD/YY	Sex	Breed
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Rider 1 /Class Information Photocopy of all membership cards REQUIRED for Friesian, ASB , DHH with your entry. s.

Class#	#	#	#	#	#	#	#	#	#	TOTAL FEES
Class fees	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Rider 1				DOB MM/DD/YY		Amateur Certificate Yes No				
Membership #			#			#				
Address			City			State			Zip	

Rider 2 /Class Information Photocopy of all membership cards REQUIRED for Friesian, ASB , DHH with your entry.

Class#	#	#	#	#	#	#	#	#	#	TOTAL FEES
Class fees	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Rider 2				DOB MM/DD/YY		Amateur Certificate Yes No				
Membership #			#			#				
Address			City			State			Zip	

Rider3 /Class Information Photocopy of all membership cards REQUIRED for Friesian, ASB, DHH with your entry.

Class#	#	#	#	#	#	#	#	#	#	TOTAL FEES
Class fees	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Rider 3				DOB MM/DD/YY		Amateur Certificate Yes No				
Membership #			#			#				
Address			City			State			Zip	

Each person signing this entry form acknowledges that he/she has read the front and reverse of this Entry Form and agrees to the applicable terms, conditions, waivers ALL OWNERS, TRAINERS, RIDERS, DRIVERS & HANDLERS MUST SIGN ON THE BACK. Minor entrants must also have parent/guardian signature(s) on the back., releases, indemnification and consent as set forth herein. Each person agrees that the information is accurate to the best of his/her knowledge.

OWNER INFORMATION As it appears on registration papers

Name _____ Membership # _____
 Farm/Ranch _____ Phone# _____
 Address _____ City _____ St _____ Zip _____

Email Acknowledgement to: _____

Stable with, if Possible: _____

Payment Information:

_____ Check or Money Order in US Funds (Payable to Summer Solstice Soiree)

_____ Please Charge my Credit Card: Name on Card _____

Card Number: _____ Expiration Date: ____/____/____ CVC: _____

Address: _____ City: _____ State: _____ Zip: _____

Signature _____ PHONE: _____

Vendor/Weekend \$100 \$ _____

Office Fee \$15.00

Post Entry Fee \$25 \$ _____
(per horse)

Horse Stall/Weekend \$75 \$ _____

Tack Stall \$75 \$ _____

Early Arrival \$35 \$ _____
(per stall, per day)

Shavings \$9.00 per bag \$ _____

To Buy Class \$25 \$ _____

(does not include entry fee)

Camper Fee \$45 per night \$ _____

Grounds Fee \$15

(No Stall)

per horse/per day \$ _____

Overnight trailer tieout prohibited!

Other \$ _____

Other \$ _____

TOTAL \$ _____

<p>ENTRIES must be postmarked by May 28, 2024 Make Checks payable to Summer Solstice Soiree, LLC. Send Entries to: Donna Auber 12550 St. Rt. 44 Mantua Ohio 44255</p>	<p>Credit Card Fee - 4% DO NOT EMAIL ENTRIES.</p>
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PLEASE READ BEFORE SIGNING

I hereby certify that every horse and/or rider is eligible as entered. I make these entries at my own risk and am subject to the rules of the Summer Solstice Soiree horse show. I agree for myself and my representatives to be bound thereby. Under Ohio Law, an Equine Activity Sponsor or Equine Professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risk of equine activities. I further Agree to release The Summer Solstice Soiree and the Champions Center, its agents, employees, and/or landholder of all liabilities or responsibilities in case of accident, loss, or injury in any way connected with the horse show, and agree to indemnify and hold harmless Summer Solstice Soiree in the event of any such liability to any owner, lessee, trainer, agent, employee, rider, driver, or any other person representing the same in case of accident, loss, or injury in any way connected with the horse show.

My signature on this form indicates that I have read and understand this disclaimer. I am authorized on behalf of the owner(s) and exhibitor(s) whose entries are listed on this form.

BY SIGNING BELOW, I AGREE to be bound by all applicable state laws and all terms and provision of this entry blank.

Rider/Driver/Handler/Exhibitor

Print Name: _____ Signature: _____

Rider/Driver/Handler/Exhibitor

Print Name: _____ Signature: _____

Rider/Driver/Handler/Exhibitor

Print Name: _____ Signature: _____

Parent/Guardian- Required if Rider/Driver/Handler/Exhibitor Participant is a minor.

Print Name: _____ Signature: _____

Address: _____ City _____ State _____ Zip _____

Trainer/Coach - Phone: _____

Print Name: _____ Signature: _____

Address: _____ City _____ State _____ Zip _____

Owner/Agent

Print Name: _____ Signature: _____

I will be staying at _____ Emergency# _____

I give Summer Solstice Soiree LLC the absolute right and permission to publish and use pictures of me in whole or in part for use online and in promotional and/or educational materials printed by Summer Solstice Soiree LLC.

_____ I agree _____ I disagree