

ENTRY FORM

ANDREWS OSBORNE ACADEMY SCHOOLING SHOWS

MAY 16, 2010

AUGUST 1, 2010

CIRCLE
DATES
THAT
APPLY

Name of Horse	Name of Rider	Class Numbers						

Andrews Osborne Academy, Andrews Osborne Academy Equestrian Center, the Horse Show Managers and their employees, hereinafter referred to as Management, will not be responsible for any damage to person, animal, or property at Andrews Osborne Academy, nor will the Management be responsible for any property lost or destroyed. Each exhibitor shall indemnify and hold harmless from all claims and demands of any kind or nature arising from such exhibitor, his employees, guests, children, animals or property exhibiting on or in the show grounds or Andrews Osborne Academy. This shall be a condition of entry.

Rider	Trainer
Name _____	Name _____
Address _____	Address _____
City, State, Zip _____	City, State, Zip _____
Phone _____	Phone _____
Signature _____	Signature _____
I have read and understand the agreement above.	I have read and understand the agreement above.
Parent/Guardian Signature if Minor:	
_____	Entry Fees:
I have read and understand the agreement above.	Number of classes _____ x \$15 per class = \$ _____

Make Check payable to: Andrews Osborne Academy

**Mail Entries to: Andrews Osborne Academy Equestrian Center
38588 Mentor Avenue
Willoughby, Ohio 44094**