

**CORRAL 38 - ENTRY FORM**

**SHOW NUMBER** \_\_\_\_\_

**Please Print**

NAME OF HORSE \_\_\_\_\_

ETI MEMBER (Y/N) \_\_\_\_\_

NAME OF RIDER/HANDLER \_\_\_\_\_

YOUR CORRAL# \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

NAME OF OWNER \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**CIRCLE YOUR DIVISION:** (Date of Birth \_\_\_\_\_)

Walk/Trot 10 & Under    Walk/Trot 11 - 13    Walk/Trot 14 - 18    Walk/Trot 19 & Over ATR  
 English 13 & Under    English 14 - 18    English 19 & Over ATR  
 Western 13 & Under    Western 14 - 18    Western 19 & Over ATR  
 Gaited    Leadline    Western Open    English Open

With this entry, I hereby relieve the show officials, ETI Corral 38, and the City of Los Angeles from all responsibility for any loss or damage or injury to me, my horse, my child or my property and agree to indemnify any and all of them and all concerned against all legal or other proceedings thereto. I will be responsible for any loss, damage or injury occasioned by me or my child or animal in my care. In case of any injury or emergency, I hereby give my permission for emergency medical aid to be given.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 (Parent or guardian if under 18 years of age)

**PLEASE CIRCLE E or W FOR EACH OF YOUR COMBINED CLASSES**

E/W 1	E/W 2	E/W 3	E/W 4	E/W 5	E/W 6	E/W 7	E/W 8	E/W 9	E/W 10	E/W 11	E/W 12	13	14	15	16	17	18	19	E/W 20	E/W 21
E/W 22	E/W 23	E/W 24	E/W 25	E/W 26	27	28	E/W 29	E/W 30	E/W 31	E/W 32	33	34	35	36	37	38	39	40	41	42
43	44	45	46	47	48	49	50	51	52	53	54									

**SHOW OFFICIALS' USE ONLY**

Number of classes entered \_\_\_\_\_ @ \_\_\_\_\_ =\$ \_\_\_\_\_

Checks Payable to: ETI #38	SINGLE EVENT NON-MEMBER FEE	= \$	5.00
Mail Pre-Entries (w/ or w/o) Check To:	GROUNDS FEE	= \$	10.00
Diana Hoch	CA DRUG FEE	=	\$ 5.00
422 W. Elm Ave.	HI POINT	= \$	5.00
Burbank, CA 91506	MEMBERSHIP (CORRAL # _____)	= \$	_____
818-841-6422	SPONSORSHIP _____	= \$	_____
	TOTAL	= \$	_____

**PAID BY:**

OPEN CHECK # \_\_\_\_\_ CLOSED CHECK # \_\_\_\_\_  
 CASH\$ \_\_\_\_\_ OTHER SHOW #S PAID \_\_\_\_\_

(PHONE NUMBER FOR DAY OF SHOW ONLY: Diana 818-383-6566)