

CdYblbl 7YfYa cbm Uh' . . S\$ 5" A"

o = \ †) ° u - o
o - \ o u h h
O #

o = \ †) = @ 8 = ' h \ @ V u °
h
† u . k
† u y \ k h V h
V u h U k h V h
h

hDUggdcfh'hc'g\ck'jb'U'Y' cBY'Z'Uh'ZYY'r

u k

h k #

o h U u

U k j) = " = "

o o o h



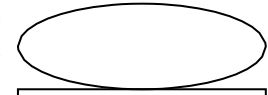
2024 SSC ~ Fall Classic Open Show

Office Opens at 7:00 A.M.

RESPONSIBLE PARTY: _____ Show Month & Year _____



APPROVED



EXHIBITOR NUMBER

Exhibitor: _____ Age: _____

Equine Name _____ Gender _____ Yr. Foaled _____

OWNER INFORMATION

Owners Name (Last) _____ (First) _____ Age _____

Address _____ City _____ State _____ Zip _____

Email Address _____ Phone _____

- DIVISIONS EXHIBITING IN**
- HALTER
 - W/T Youth Exhibitor
 - W/T 18 & Over Exhibitors
 - 14.2 & Under Mini/Pony
 - Trifecta
 - Youth
 - 18 & Over
 - Ranch Youth
 - Ranch Non-Pro
 - Ranch Open

Please check classes you are entering below:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70	71	72	73	74						

I acknowledge that horseback riding is a sport which carries inherent risks of injury and damage to myself, others, equine and property. I knowingly assume all risks. In consideration of my participation in this event, I agree I will defend, indemnify and hold harmless SSC, OFEA and OHA the facility, and any agents or employees of the above against all claims, demands, and causes of actions including court costs and attorney fees arising from any proceeding or lawsuit brought by or prosecuted for my benefit. This agreement is binding on my executors, heirs, and assigns. My signature on this entry acknowledges that I have read this liability release and know and understand its content. My signature also acknowledges that I will abide by SSC, OFEA and OHA BY-LAWS and RULES.

I / WE THE UNDERSIGNED HAVE READ AND AGREED TO THE ABOVE AGREEMENT AND WAIVER AND TESTIFY TO THE ABOVE BY SIGNATURE BELOW:

\$ We accept cash or checks \$

Owner _____ Date: _____

Parent/Guardian _____ Date: _____

Exhibitor _____ Date: _____

(Parent/Guardian must sign for exhibitors under the age of 18)

Please check with Show Secretary for Stalls. \$50 for a day stall.

Mail Entry Form with check payable to:
 Salem Saddle Club
 c/o Pat & Rose Berger
 7828 Mt Angel Hwy NE
 Silverton, OR 97381
busyb@ipns.com
Pre-entries must be post marked one week prior to show

	Pre Entry Class Fee \$12.00 Per Class _____	X	= _____
	Day of Show Entry Fee \$15.00 Per Class _____	X	= _____
	Passport Fee \$150.00 per Exhibitor/Horse Combo _____	X	= _____
	When available - Day Stall Fee \$50.00 Per Stall _____	X	= _____
	OHA per Horse Fee \$5.00 per Exhibitor/Horse Combo _____	X	= _____
	Office Fee \$15.00 per Exhibitor/Horse Combo _____	X	= _____
	Entry not received by deadline – Late Fee @20.00 per Exhibitor/Horse Combo _____	X	= _____
	OPEN CHECK # _____	CASH \$ _____	TOTAL _____