

Mail completed forms to:  
 Big "D" Charity Horse Show  
 P.O. Box 868037  
 Plano, Texas 75086-8037



**Big D Charity Horse Show**  
 Las Colinas Equestrian Center

**WALKING, RACKING,  
 COUNTRY PLEASURE, AND  
 UNITED MOUNTAIN HORSES ONLY**

MAKE PAYMENT CHECKS PAYABLE TO: OWNER  TRAINER

FOR OFFICE USE ONLY	NAME OF HORSE CLASS NUMBERS UNDER NAME	*BREED	AGE	SEX	REGISTRATION NUMBER	RIDER OR DRIVER COMPLETE ADDRESS, CITY, STATE AND ZIP CODE	SHOW #	OWNER NAME COMPLETE ADDRESS, CITY, STATE AND ZIP CODE
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\*BREED – Tennessee Walking Horse – TWH, Racking Horse – RH, Country Pleasure Horse – CPH, and United Mountain Horse - UMH

Every entry shall constitute an agreement that the person making it, owner, lessee, trainer, manager, agent, coach, rider and the horse shall be subject to the ByLaws and the Rules of the S.H.O.W. and the local rules of the show. Further it shall constitute a declaration that the horse and/or rider is eligible as entered and that the owner and all of his representatives are bound by the By-Laws and Rules of the S.H.O.W. and the show and accept as final the decision of the Hearing Committee on any questions arising under said Rules, and agree to hold the show, the NHSRC, the UMH, inc., their officials, directors and employees harmless for any action taken.

I hereby enter the above horse(s) at my own risk and agree to release the BDCHS, its agents, employees and/or any land holder, of all responsibilities in case of accident, loss or injury in any way connected with the show.

**BOTH OWNER OR AGENT AND TRAINER MUST SIGN**

OWNER OR AGENT SIGNATURE X	SOC. SEC. #	PHONE NO. AC
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OWNER EMAIL \_\_\_\_\_

TRAINER EMAIL \_\_\_\_\_

TRAINER SIGNATURE X	S.H.O.W. NUMBER
ADDRESS	PHONE NO. AC
CITY STATE ZIP	CELL PHONE NO. AC

Address while staying in Dallas: \_\_\_\_\_

Stable with: \_\_\_\_\_

Date and time of arrival: \_\_\_\_\_

**ENTRIES CLOSE APRIL 13**

**ALL HORSES MUST HAVE A NEGATIVE COGGINS TEST PERFORMED WITHIN 12 MONTHS OF THE SHOW AND HEALTH PAPERS CURRENT WITHIN 42 DAYS.**

**CONSENT FOR MINOR TO SHOW**

Name of Minor: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Total Number of Stalls including Tack Stalls.....	_____
Stall Fees @ \$90 Each .....	_____
Total Entry Fees .....	_____
Office Fees @ \$20 per horse.....	_____
DQP Fees without S.H.O.W. card @ \$10/class....	_____
Shavings @ \$9 per bag.....	_____
RV/Camper Hook-up @ \$20 per Day.....	_____
<small>Reservations Required</small>	
Class Sponsor .....	_____
Trophy Sponsor .....	_____
Box Seats \$300 .....	_____
<b>TOTAL AMOUNT OF CHECK .....</b>	<b>_____</b>

**SHAVINGS MAY BE RESERVED FOR \$9.00 PER BAG BY CALLING (972) 612-8007. EXHIBITORS MAY NOT BRING THEIR OWN SHAVINGS.**