Mail Entrie To: PO Box 24031 Jacksonville, Florida 32241



Fax entries to 866.496.1626	SUNDA	AY, MAY 29th,	2011	The second second		Expiration Date
email scanned entries to info@nfhja.com	PRE-ENTRIES CI Schooling Fee will be w	LOSE FRIDAY,	MAY 20th, 2		Card Holder's Name	Month/Year
STALLS MUST BE PRE-PAYED OR	R RESERVED WITH A CRE	EDIT CARD TO G reed Color	UARANTEE RE	ESERVATION.	Street/PO Box	
Name of Horse USEI/O	OSHJA Registration# Di	leed Color	Sex	Height Age	Sileet FO Box	
					City/State/Zip	
Classes Entered	Name of Rider	Age Ric	der's USEF/USHJA‡	# ASPCA#	Signature	
					Please Stable With (Trainer's Name):	
					In case of emergancy during the show con	ntact number:
by entering this Competition and signing this entry blank as the Owner, Lessee, Trainer, Manager, Agent, Coach, Rider, Handler, or Longeur and on behalf of myself and my principals, representatives, employees and agents, I agree that I am subject to the Bylaws and Rules of NFHJA, Inc. and the local rules of the competition. I give to be bound by the Bylaws and Rules of the NFHJA and of the competition. I will accept as final the decision of the NFHJA and on any question arising under he Rules, and agree to release and hold harmless the competition, NFHJA, their officials, directors and employees for any action taken under the Rules. I represent that me eligible to enter and/or participate under the Rules, and every horse I am entering is eligible as entered. I also agree that as a condition of and in consideration of coceptance of entry, NFHJA and/or the Competition may use or assign photographs, videos, audios, cable - casts, broadcasts, internet, film, new media or other ikenesses of me and my horse taken during the course of the competition for the promotion, coverage or benefit of the competition, sport, or NFHJA. Those likenesses of me and my horse taken during the course of the competition for the promotion, coverage or benefit of the competition, sport, or NFHJA. Those likenesses ny rights in connection with such use, including any claim to compensation, invasion of privacy, right of publicity, or to misappropriation.  VFHJA Release, Assumption of Risk, Waiver, and Indemnification This document waives important legal rights. Read it carefully before signing.  AGREE in consideration for my participation in this Competition with my horse, as a rider, handler, longeur, lessee, owner, agent, coach, rainer, or as parent or guardian of a junior exhibitor. I am fully aware and acknowledge that horse sports and the Competition involve inherent dangerous risks of accident, loss, and serious bodily injury including broken bones, head injuries, trauma, pain, suffering, or death. ("Harm").  AGREE to hold harmless an					STALLS @ \$30.00 PRE ENT	ГКУ
					SECURITY/EMT FEE @ \$1	0.00
					SCHOOLING \$12.00	
					SHAVING\$ @ 6.50 / BAG	
					CANCELLATION FEE @ \$15.00	
					OFFICE FEE @ \$15.00	
					POST-ENTRIES @ \$10.00	
					Prize Money Taxpayer Information.	
					Taxpayer Name (MUST COINCIDE WITH SS# OR EIN#)	
AGREE that if I am injured at this competition, the me accident/injury report form.  BY SIGNING BELOW, I AGREE to be bound by all	applicable NFHJA Rules and all terms	and provisions of this en	n my injury and treatmontry blank.	ent to NFHJA on an	Social Security # or Federal ID #	
					Prize Money Payee Address	
rainer's, Owner's & Rider's signature blanks MUST	be signed. If Owner/Exhibitor is Tro	ainer, sign both places.	Trainer must be over	18 years of age. If ride	er is under 18, Parent, Guardian, Trainer or Agent	t MUST Sign.
Owner/Agent Signature	Trainer Signature_		Rider 1 S	Signature	Rider 2 Signature	
Owner's Name	Trainer's Name		Rider's N	Name	Rider's Name	
Address	Address		Address _		Address	
City/State/Zip	City/State/Zip		City/Stat	e/Zip	City/State/Zip	
Phone	Phone		Phone		Phone	

Showed at FCHJA

We honor: ☐ MasterCard ☐ Visa ☐ American Express

## MEMBERSHIP APPLICATION NORTH FLORIDA HUNTER-JUMPER ASSOCIATION, INC.

Post Office Box 24031, Jacksonville, Florida 32241

I hereby apply for membership for the 201 competitio enclose payment of \$	n year and
Junior \$25 Senior \$35 Family \$50	
Stable \$50 Life \$300	
*In family memberships - please designate Senior Membe	ers with an *
Names:	
Address:	
City: State: Zip:	
Telephone:Date of Application:	
Date of Birth (Junior):	
Adult Amateur/Amateur Owner: 18-35	over 35
List Horses/Ponies leased or owned and circle Horse or Pony:	
Name of Animal:	Horse/Pony
Membership amount:  Membership type:  Membership date:  Membership expires: November 30 of each year.	



## Penney Farms Equestrian Center

A Full Service Facility: Showing - Local though AA

Boarding

Training

Lessons

Rehabilitation

Retirement Boarding

## **Sponsors**

Of

## North Florida Hunter Jumper Association

Please Come Join Us After the Show

For Wine and Cheese

Fruit and drinks for the Children

Saturday May 28, 2011 6:00 - 8:00 P.M.

At

3918 Paso Fino Road, Penney Farms, FL

Just a few miles west of Clay County Fair