Blue Goose Stable, LLC					
JUMPER Entry Form					
Please make copies: One horse per					
form.					
Mail entries to: Blue Goose Stable, LLC					
210 White Horse Rd					
Cochranville PA 19330					

OFFICE USE ONLY

Pinney Number: _____ Paid ck: _____ Coggins Report: copy enclosed: Y / N State: ___Accession #: _____ Rhino / Flu Vaccination Date: _____

Date of Competition (circle one):		how Year 2024 4 ~ Aug 14 ~ S	-	22	
Horse:	Breed:	Gender:	Color:	Age:	Willing to Volunteer? YES / NO
	PLEASE	PRINT LEG	IBLE		
Rider:					
Address:					
Jr: Date of Birth:					
Phone:		E-mail:			
Trainer:	Address:				
Phone:		E-mail			
Circle Division(s) Entering		POWER	&SPEED	JUN	AP OFF
POLES:			1		2
MINI X RAILS 12-18"			3		4
ITTY BITTY 2'-2'3"			5		6
PUDDLE JUMP 2'3"-2'6"			7		8
PRELIMINARY 2'6"-2'9"			9		10
LOW CHILD/ADULT 2'9"-3'			11		12
HIGH CHILD /ADULT 3'-3'3"			13		14
OPEN 3'3"-3'6"			15		16
ENTRY: Division: \$40.00		#Divisions _		X \$40=	
ENTRY: individual Classes \$25.00 /classs		#Classes		_X \$25=	

Warning: Under Pennsylvania law an equine professional and equine activity sponsor is not liable for an injury to or death of a participant in equine activities resulting from the inherent risks of equine activities. I/We acknowledge that equine activities are a high risk activity. In consideration of the acceptance of this entry, whether I am mounted or un-mounted, I release and in addition hold harmless Blue Goose Stable LLC, it's owners and agents, of and from any and all claims and demands of every kind which I may have or hereafter acquire for bodily injury, death, or property damage and from all liability for negligent acts or omissions.

Signed Rider:	Date:	_(Parent or Guardian, if rider is under 18
		_(

Signed Owner:

Date: