

Mail Entries to:
SHOW ME LITTLE EQUINE CLUB
LENARD DAVENPORT
231 S. JAMES RIVER LANDING
NIXA, MO.65714-8900

SMLEC MEET IN ST. LOUIS
ENTRY FORM
May 13 – 14, 2017
One animal per form.

Office Use Only
 Account _____
 Group/Trainer _____
 EIA _____

Registered Name of Horse

Registration Number

Sex

Year Foaled

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Class Number Entered (one class per box). Circle A, B, C or D below each Box to indicate the Handler/Driver for that class.

A B C D	A B C D	A B C D	A B C D	A B C D	A B C D	A B C D	A B C D	A B C D	A B C D	A B C D	A B C D	A B C D	A B C D	A B C D

Please DO NOT USE STABLE OR FARM NAME for “Handler” – must use current member name

Youth
 Handler/Driver Name “A” _____ Age _____ Amateur/Junior # _____
 Signature of parent/Guardian if Junior Exhibitor _____

Youth
 Handler/Driver Name “B” _____ Age _____ Amateur/Junior # _____
 Signature of parent/Guardian if Junior Exhibitor _____

Youth
 Handler/Driver Name “C” _____ Age _____ Amateur/Junior # _____
 Signature of parent/Guardian if Junior Exhibitor _____

Youth
 Handler/Driver Name “D” _____ Age _____ Amateur/Junior # _____
 Signature of parent/Guardian if Junior Exhibitor _____

Owner Name _____	Email _____
Address _____	City _____ State _____ Zip _____
Telephone _____	
Signature _____	

Visa/Mastercard/Discover ONLY

Credit Card # _____ - _____ - _____ - _____ Exp. date ____ - ____ Security Code (____)

____ Open/Amateur Classes: @\$35.00 \$ _____
 ____ Youth Classes @\$20.00 \$ _____
 ____ Flat Fee Classes-PerHorse @\$125.00 \$ _____

One animal for pre-entered classes only

Limited to (10) Classes/pre – entered!!!!!!

____ Cool Classes FREE _____

____ Stall Fee (10X10) @\$55.00 \$ _____

Fri. Noon to Sunday Evening. Two animal max per stall.

____ Bags of Shavings @\$9.00 \$ _____

Must order from MEC (2) bag per stall required!!!!.

____ Office Fee: Per Pony @\$10.00 \$ _____

____ RV/Trailer Hook-up @\$40.00 \$ _____

Per day for water & electric.

4% convenience Fee for Credit Card Payment \$ _____

Total Enclosed \$ _____

Make Checks Payable To: Show Me Little Equine Club

Office Use Only Check # _____ Amount \$ _____

Name _____ Date: _____

Additional Payments \$ _____

STATEMENT OF RESPONSIBILITY AND LIABILITY

The show is approved by ASPC/AMHR and its management team will not be responsible for accidents that may occur to, or be caused by, any equine exhibited at the show or for any article of any kind or nature that may be lost or destroyed. Each exhibitor will be responsible for any injury that may be occasioned to any person or animal, or damage to any property while on the show grounds by any horse owned, exhibited or in his custody or control and shall indemnify and hold harmless the **A.S.P.C., Equine Ventures Unlimited LLC, National Equestrian Center, Show Me Little Equine Club** and its management team, its directors individually and collectively, from and against all claims, demands, cause of action, costs, charges, and expense of every kind and nature arising out of or which may be incurred by reason of any accident, injury, or damages to person or property caused by the ownership, exhibition, custody or control of animals exhibited. Presentation of signed entry blanks shall be deemed acceptance of these rules and in the event of failure to sign the entry blank, the first entry into the show ring as an exhibitor shall be deemed to be the acceptance of rules.

(THREE SIGNATURE REQUIRED)

OWNER _____	Date _____
TRAINER _____	Date _____
RIDER/DRIVER/HANDLER _____	Date _____

Parent or Guardian must sign for Youth

Rider/Driver/Handler (NAME) _____	Date _____
Parent or Guardian (SIGNATURE) _____	Date _____
Rider/Driver/Handler- NAME _____	Date _____
Parent or Guardian- SIGNATURE _____	Date _____