

YOUTH ENTRY FORM

ONE ENTRY FORM PER HORSE

Paid Check _____

Paid Cash _____

NAME: _____

CELL PHONE: _____ EMAIL: _____ CITY: _____ STATE: _____

NE-4D MEMBER YES / NO PLEASE MAKE CHECK PAYABLE TO: _____

Youth Entry Fee: = \$ _____

Check if ROLLING time to Open: = \$ _____

Exhibitions # _____ \$ _____

TOTAL \$ _____

PLEASE LIST YOUR HORSE'S REGISTERED NAME _____

WARNING

Under Nebraska Law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to sections 25-21, 249 to 25-21, 253

PARENT/GUARDIAN SIGNATURE

DATE

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