





HORSE NAME:	<del>-</del>		
RIDER NAME:			
Address:	Phone:		
City, State, Zip:			
OWNER NAME:	Email:		
Address:	Phone: _		
City, State, Zip:		New address? □Yes □No	
By way of making an entry, the exhibitor is assuming responsibility for ki or change conditions for the Southwest Reining Horse Association Futui	nowledge of the rules and releases show management frr ity and Show. By my signature, I agree to these condition	rom any claims or losses. The show management reserves the right to modify ns.	
Signature of Parent/Guardian	 Date		
Print Name Parent/Guardian			
	Participant Biography:		
Rider Name:	Age:	Gender:	
Parent's Names:	Home	Hometown:	
Favorite Things to Do:			
What rider wants to be when he/she grows up:			
Is rider in school? If so, what grade? (Preschool, Ki	ndergarten, etc.)		
Horse's Barn Name:		Age: Gender:	