



Louisiana Stock Horse Association

287 Hickman Road
Leesville, LA 71446

jpweisgerber@outlook.com
www.louisianastockhorse.com

337-238-0193 (home) 337-208-2336 (cell)

Finals Entry Form—DeRidder November 21 & 22, 2020

Beauregard Parish Civic Center Covered Arena; 5515 Hwy 190 West; DeRidder, LA 70634

Exhibitor's Name: _____ Age, if Youth _____
 Email: _____ Phone _____
 Address _____ City _____ State _____ Zip _____

WARNING:

Under Louisiana law, an equine activity sponsor or 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 R.S. 9:2795.3.

By my signature below, I hereby acknowledge that I understand the risks involved in riding horses and/or cow work and voluntarily assume those risks. I agree that I will not hold LASH nor any of the directors, officers, employees, volunteers, or participants liable for any injury or property damage rising out of or caused by this horse clinic/competition held. I have read this release and understand its terms. **ALSO—I give my permission to use my pictures on the Louisiana Stock Horse Association webpage, in articles and advertising.**

Exhibitor's Signature _____ (Parent's Signature, if minor)

NonPro/Amateur/Novice Riders: I certify that I have not received money or compensation for riding, training, or showing horses or training riders. Exhibitor's signature _____

Classes	Open Jackpot	Open Non Jackpot	NonPro	Jr. Horse	Amateur	Novice	Schooling Saturday Only	Youth (14-18)	Youth (13 & Under)	8 and Under	Clinic
Cutting	\$230__	\$130__	\$130__	\$130__	\$130__	\$130__		\$90__	\$90__		
Working Cow	\$230__	\$130__	\$130__	\$130__	\$130__	\$130__	\$50__	\$90__	\$90__		
Reining	\$100__	\$50__	\$50__	\$50__	\$50__	\$50__		\$40__	\$40__		
Pleasure	\$100__	\$50__	\$50__	\$50__	\$50__	\$50__		\$40__	\$40__	\$40__	
Trail	\$100__	\$50__	\$50__	\$50__	\$50__	\$50__		\$40__	\$40__	\$40__	
Total Fees	\$____	\$____	\$____	\$____	\$____	\$____	\$____	\$____	\$____	\$____	

Name of Horse(s): _____
 (If showing more than one horse please indicate which horse is shown in which division(s) and/or class(es).)

	Total Class Fees
	Total Clinic Fees
	Membership--\$50/Single; \$75/Family; \$20 Day Permit
\$15	Office Charge (Office charge is by exhibitor, not horses)
	RV Hookups without sewer \$25; RV Hookups with sewer \$35 Stall \$10/; Shavings \$7/bag (no outside shavings)
	Contact the arena for reserving 337-375-6315
	Total Fees

Office use only:

Check # _____

Check Amt \$ _____

Cash Rec'd \$ _____

Make checks payable to LaSH and mail to the address above.

NOTE: Riders should always be aware when going down the fence or chasing the cow for any reason—not to run cattle into the fence. Riders should pull up to avoid hurting cattle that might run into the fence. We are responsible for the welfare of the cattle and if we have to replace one, it hurts the economic success of the show and can affect the overall year end awards.