

**CP  
Week  
1**



# 2023 CHJA COPPER PENNY I HORSE SHOW

July 19-23, 2023

FOR OFFICE USE ONLY

Only One (1) Horse Per Entry Blank Please  
*(please insure you are using the correct entry blank for your chosen week)*

## HORSE INFORMATION

NAME: \_\_\_\_\_  
SEX: \_\_\_\_\_ COLOR: \_\_\_\_\_ AGE: \_\_\_\_\_ HT: \_\_\_\_\_  
CHJA HORSE REGISTRATION #: \_\_\_\_\_

## OWNER / AGENT

NAME: \_\_\_\_\_ CHJA #: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
TELEPHONE: (\_\_\_\_\_) \_\_\_\_\_  
EMAIL: \_\_\_\_\_

## TRAINER

NAME: \_\_\_\_\_ CHJA #: \_\_\_\_\_  
BARN / FARM NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
TELEPHONE: (\_\_\_\_\_) \_\_\_\_\_  
EMAIL: \_\_\_\_\_

## PRIZE MONEY PAYEE

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_  
SSN or Fed Tax ID #: \_\_\_\_\_

## RIDER 1

NAME: \_\_\_\_\_ CHJA #: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
DATE OF BIRTH (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

### SECTIONS / CLASSES ENTERED FOR RIDER 1

\_\_\_\_, \_\_\_\_ , \_\_\_\_ , \_\_\_\_ , \_\_\_\_ , \_\_\_\_ , \_\_\_\_ , \_\_\_\_ ,  
\_\_\_\_ , \_\_\_\_ , \_\_\_\_ , \_\_\_\_ , \_\_\_\_ , \_\_\_\_ , \_\_\_\_ , \_\_\_\_ ,  
\_\_\_\_ , \_\_\_\_ , \_\_\_\_ , \_\_\_\_ , \_\_\_\_ , \_\_\_\_ , \_\_\_\_ , \_\_\_\_ ,

**RELEASE:** By signing below as owner, agent, rider, handler, lessee, trainer, coach or as parent or adult guardian of a minor, I am fully aware and acknowledge that horse sports and competitions involve inherent dangerous risks of accident, loss, and serious bodily injury including broken bones, head injuries, trauma, pain, suffering and/or death ("Harm"). By signing below, I agree to release the competition from all claims for money damages or otherwise for any Harm to me or my horse and for any Harm caused by me or my horse to others, even if the Harm resulted directly or indirectly from the negligence of the competition. If I am signing as a parent or guardian of a junior exhibitor, I consent to the child's participation and agree to all of the above provisions and agree to assume all of the obligations of this release on the child's behalf. I agree that the term "competition" as used above includes, but is not limited to, the horse show, Colorado Hunter Jumper Association, Collman Equestrian Productions, Town of Estes Park, its officials, officers, directors, employees, contractors, agents, personnel, volunteers and affiliated organizations. Under Colorado law, an equine professional is not liable for injury or death of a participant in equine activities from the inherent risks of equine activities, pursuant to section 13-21-119, Colorado Revised statutes.

Owner/Agent: \_\_\_\_\_  
Trainer: \_\_\_\_\_  
Rider One: \_\_\_\_\_  
Rider Two: \_\_\_\_\_  
Parent / Adult Guardian (if any riders are minors): \_\_\_\_\_

## RIDER 2

NAME: \_\_\_\_\_ CHJA #: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
DATE OF BIRTH (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

### SECTIONS / CLASSES ENTERED FOR RIDER 2

\_\_\_\_, \_\_\_\_ , \_\_\_\_ , \_\_\_\_ , \_\_\_\_ , \_\_\_\_ , \_\_\_\_ , \_\_\_\_ ,  
\_\_\_\_ , \_\_\_\_ , \_\_\_\_ , \_\_\_\_ , \_\_\_\_ , \_\_\_\_ , \_\_\_\_ , \_\_\_\_ ,  
\_\_\_\_ , \_\_\_\_ , \_\_\_\_ , \_\_\_\_ , \_\_\_\_ , \_\_\_\_ , \_\_\_\_ , \_\_\_\_ ,

## REGISTRATION FEE

**TOTAL AMOUNT DUE WITH THIS ENTRY: \$ 100.00**

*To pay by credit card, please fill out the Credit Card Authorization section below. Otherwise, you may include a check payable to CHJA for this amount which will be deposited on the entry closing date.*

## CREDIT CARD AUTHORIZATION

Name As It Appears On Card: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Credit Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Expiration Date (MM/YYYY): \_\_\_\_/\_\_\_\_ CVV Code #: \_\_\_\_

Signature: \_\_\_\_\_  
(All credit card transactions incur a 3% Convenience Fee. Once charged, the Convenience Fee is not refundable and not creditable under any circumstances. SORRY, BUT AMEX NOT ACCEPTED.)

Office Use Only

Entry Postmarked / Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount: \$ \_\_\_\_\_  
Check #: \_\_\_\_\_ CC Transaction #: \_\_\_\_\_