CP Week 2

2026 CHJA COPPER PENNY II HORSE SHOW

July 22-26, 2026

Only One (1) Horse Per Entry Blank Please

(please ensure you are using the correct entry blank for your chosen week)

FOR OFFICE USE ONLY

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: _____

PHONE: (_____) _____

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: _____

PHONE: (_____) _____

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 #:* _____