

**CP
Week
1**



2026 CHJA COPPER PENNY I HORSE SHOW
July 15-19, 2026

FOR OFFICE USE ONLY

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

HORSE INFORMATION

RIDER 1

RIDER 2

NAME: _____
SEX: _____ COLOR: _____ AGE: _____ HT: _____
CHJA HORSE REGISTRATION #: _____

NAME: _____ CHJA #: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
PHONE: (_____) _____
DATE OF BIRTH (mm/dd/yyyy): ____/____/____

NAME: _____ CHJA #: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
PHONE: (_____) _____
DATE OF BIRTH (mm/dd/yyyy): ____/____/____

OWNER / AGENT

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

SECTIONS / CLASSES ENTERED FOR RIDER 1

____, _____, _____, _____, _____, _____, _____,
____, _____, _____, _____, _____, _____, _____,
____, _____, _____, _____, _____, _____, _____.

SECTIONS / CLASSES ENTERED FOR RIDER 2

____, _____, _____, _____, _____, _____, _____,
____, _____, _____, _____, _____, _____, _____,
____, _____, _____, _____, _____, _____, _____.

TRAINER

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

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): _____

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.)

PRIZE MONEY PAYEE

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

Office Use Only

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