

Betsy Rohde Memorial Open Show

Saturday May 16,2020

Exhibitor Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Horse: _____

Exhibitor #
Coggins received -
Premise ID

- 1 HHG Best Groomed Horse
- 2 Halter All Ages
- 3 Showmanship Adult
- 4 Showmanship
- 5 Showmanship W/T
- 6 Showmanship HHG
- 7 English Equitation Adult
- 8 English Equitation
- 9 English Equitation W/T
- 10 English Under Saddle Adult
- 11 English Under Saddle
- 12 English Under Saddle W/T
- 13 Western Horsemanship Adult
- 14 Western Horsemanship
- 15 Western Horsemanship W/T
- 16 Western Pleasure Adult
- 17 Western Pleasure
- 18 Western Pleasure W/T
- 19 HHG Equitation W/T
- 20 Egg and Spoon Adult
- 21 Egg and Spoon
- 22 Egg and Spoon W/T
- 23 Simon Says Adult
- 24 Simon Says
- 25 Simon Says W/T
- 26 Gatorade Race

- 27 Bite the Doughnut
- 28 LT Special Adult
- 29 LT Special Senior
- 30 LT Special Junior
- 31 LT Special Youth
- 32 Flag Adult
- 33 Flag Senior
- 34 Flag Junior
- 35 Flag Youth
- 36 Barrels Adult
- 37 Barrels Senior
- 38 Barrels Junior
- 39 Barrels Youth
- 40 Plug Adult
- 41 Plug Senior
- 42 Plug Junior
- 43 Plug Youth
- 44 Poles Adult
- 45 Poles Senior
- 46 Poles Junior
- 47 Poles Youth
- 48 Poles HHG
- 49 Key Hole Adult
- 50 Key Hole Senior
- 51 Key Hole Junior
- 52 Key Hole Youth

LUNCH BREAK

Office Use only:

\$5.00 Office Fee Per rider/horse Combo

Stall use \$20.00 w/ \$10 Refund when cleaned

Tab Check # _____

of classes (pre-entry) X \$ 5.00 =\$ _____

of classes (day of) x \$6.00 = \$ _____

Total \$ _____

It is agreed that I am entering this show at my own risk, and will not hold Sheboygan County Horse & Pony Project responsible for any accidents, injuries, or damage to my horse, my equipment or myself.

Signature(Parent or Guardian if exhibitor is under the age of 18) Date