

Person paying bill _____

TB Jockey Club Name					TIP #			
TB Owner				Email:				
TB Rider				Email:				
Horse Nar	me:			Owner(s):_				
Phone:			Address:					
City:		Sta	ate/Zip:	DOB:				
Rider (if d	ifferent than	Owner):		_ Emergeno	:y #:			
Exhibitor #	Class #		Class Name		Entry Fee	1	2	Total Fees
Paid By:	: Cash	Check #	Received By:_		Date:		To	
Signature:Date:								

Neither Masterson Station Equestrian Trust, Masterson Station Park, LFUCG or any volunteers on the premises are responsible for theft, accidents or injuries to horse, riders or spectators.

WARNING: Under Kentucky law, a farm animal activity sponsor, farm animal professional, or other person does not have the duty to eliminate all risks of injury of participation in farm animal activities. There are inherent risks of injury that you voluntarily accept if you participate in farm animal activities. KRS 247.4027

Adult MUST SIGN if rider is under 18 years old

