



**THE NATIONAL ACADEMY
CHAMPIONSHIP
HORSE SHOW**
NOVEMBER 1 - 3, 2019

**Show Pricing for 2019
Preliminary classes - \$60**

- **Championship classes - \$45**
- **Finals - \$25**
- **Office Fee for Each Rider - \$10**

ANY STALL FRONT REMOVED WILL COST AN ADDITIONAL \$25



www.nationalacademychampionships.org
Deadline for Entries: September 28, 2019

Office Use	Rider's First and Last Name	Birth Date	Email	Full Mailing Address	Horses's Name	Entry Fee
	Class			Address _____ City _____ State _____ Zip _____		
	Class			Address _____ City _____ State _____ Zip _____		
	Class			Address _____ City _____ State _____ Zip _____		
	Class			Address _____ City _____ State _____ Zip _____		
	Class			Address _____ City _____ State _____ Zip _____		
	Class			Address _____ City _____ State _____ Zip _____		

I hereby enter the above horses(s) at my own risk and subject to the rules and regulations of the horse show and the State of Tennessee. WARNING: Under Tennessee Law, an Equine Activity Sponsor or Equine Professional is not liable for an injury to, or the death of a participant in equine activities resulting from the inherent risk of equine activities. I further agree to release the National Academy Championship Horse Show and Miller Arena, its agents, employees and/or landholder of all liabilities or responsibilities in case of accident, loss or injury in any way connected with the horse show, and agree to indemnify and hold harmless the National Academy Championship Horse show, in the event of any such liability to any owner, leasee, trainer, agent, employee, rider, driver or any other person representing the same in case of accident, loss or injury in any way connected with the horse show. MY SIGNATURE BELOW INDICATES I HAVE READ AND UNDERSTAND THIS DISCLAIMER. I AM AUTHORIZED TO SIGN ON BEHALF OF THE OWNER(S) AND EXHIBITOR(S) WHOSE ENTRIES ARE LISTED ON THIS FORM.

STABLE: _____ TRAINER/AGENT: _____

Address: _____ E-mail: _____

City: _____ State: _____ Zip: _____

Account to be listed as: _____

Signature: _____ Daytime Phone: _____

	Amount Owed	Amount Paid
Total Entry/Sponsor Fees:		
Number of Stalls: <input type="text"/> @ \$95.00 each		
Number of Tack/Feedrooms: <input type="text"/> @ \$95.00 each		
Shavings: <input type="text"/> @ \$7.00 per bag		
Number of Box Seats: <input type="text"/> @ \$75.00 each (8 seats)		
Office Fee for Each Rider: <input type="text"/> @ \$10.00 each		
TOTAL:		

Make check payable to : NATIONAL ACADEMY CHAMPIONSHIP FINALS and mail with this form to: 147 Saddlebred Drive, Harstelle, AL 35640