



**Rocky Mountain Show Jumping Santa Clause Classic  
& Ride for the Cure  
November 28 -30, 2008  
Calgary, Alberta**

**Mail To:** RMSJ Santa Clause Classic  
Suite 231  
132-250 Shawville Blvd  
S.E.

Calgary, AB. T2Y 2Z7

Entries Close: Nov. 21

*Please Type or print with ball point pen!*

<b>Rider of Horse</b>	Telephone #	Email	
Address	City	Postal Code	

**Name of Horse** \_\_\_\_\_

Division / Class Numbers							
Division / Class Entry Fee							

Trainer	Stable Name
Trainer Address	Email
	Telephone #

**Credit Card #** \_\_\_\_\_ **ex:** \_\_\_\_\_

**Card Holder Name & Signature:** \_\_\_\_\_

**This Document will affect your legal rights and liabilities, Please Read Carefully**  
 Rocky Mountain Show Jumping, Anderson Ranch, Caroline Jones nor the owners, management, tournament committee, nor any of its staff or agents shall in any way be liable for any accident, injury, damage, loss or for any other matter that may happen to exhibitors, competitors, owners, or members of their families, or their agents or to anyone on the grounds, or for any other loss, claim, matter, circumstances or event whatever, in connection with or arising out of, or attributable to, the tournament or any journey to or from the tournament. It is understood that under no circumstances shall Rocky Mountain Show Jumping, Anderson Ranch, Caroline Jones nor the owners, management, tournament committee, nor any of its staff or agents be liable for any loss, damages, claims or costs as a result of Rocky Mountain Show Jumping, Anderson Ranch, Caroline Jones, nor the owners, management, tournament committee, nor any of its staff or agents, negligence, and that you agree to indemnify and save harmless Rocky Mountain Show Jumping, Anderson Ranch, Caroline Jones nor the owners, management, tournament committee, nor any of its staff or agents from and against any and all liability arising out of any such loss, damages, claims or costs.

**Signature of Rider** \_\_\_\_\_

Date \_\_\_\_\_ if rider is under eighteen years, the parent / guardian must also sign below)

I acknowledge as Parent / Guardian of \_\_\_\_\_ that I have read and fully understood and agree to the terms and conditions stated herein on behalf of \_\_\_\_\_ and myself.

Parent / Guardian \_\_\_\_\_

Date \_\_\_\_\_

**Entry will not be accepted without Parent or LEGAL Guardian Signature.**  
 (Trainer Signature not valid)

<b>TOTAL ENTRY FEES</b>	
<b>POST ENTRY FEE</b> \$30 After Closing	
<b>Admin/Office/Paramedic</b> Fee \$30 per Entry	<b>30.00</b>
<b>STABILING</b> Circle Fri / Sat / Sun Stall \$50	
<b>Sub Total</b>	
<b>G.S.T. 6%</b>	
<b>TOTAL FEES</b>	

Donation to the Canadian Breast Cancer Foundation (tax receipt issued)  
 Amount yo would wish to donate: \$ \_\_\_\_\_

**Make Cheques payable to: RMSJ**

**Payment MUST be received with entry in order for entry to be accepted.**

For Further Information Contact : RMSJ (403) 256-5056 or Caroline Jones (403) 333-9338 FAX: (403)201-7863