SALINA CHARITY HORSE SHOW ENTRY FORM **October 9-11, 2026** **Mail Entries to: SCHS, 1506 E Mona, Wichita, KS, 67216**

ENTRY #	NAME OF HORSE Class numbers below horse's name	TOTAL ENTRY FEES	REG #	EXHIBITOR NAME	ONE OWNER PER ENTRY BLANK Owner Information
					Name
					Street
					City
					State Zip
					Phone
					STABLE WITH -

	Total Entry Fees		
	Stall Fee	x $50	
	Jump Out Fee **per horse**	x $15	
	Office Fee **per horse**	x $15	
	Equine Sports Council Fee **per horse**	x $15	
	Bag Shavings	x $9	
	Bale Straw	x $8	
	20 amp RV Hookup per night	x $15	
	30 amp RV Hookup per night	x $25	
	50 amp RV Hookup per night	x $35	
	TOTAL DUE		

PAYBACK NOW AVAILABLE BY VENMO OR PAYPAL!
Payback via Venmo or Paypal? Please list your acount below-
VENMO / PAYPAL

STALLS WILL BE READY Thurs. Oct 8 at 12:00 NOON
Unless prior arrangements are made with show management

ALL HORSES MUST SHOW CURRENT NEGATIVE COGGINS IN SHOW OFFICE BEFORE RECEIVING BACK NUMBERS

We have read and accept the conditions under LIABILITY in the General Rules and Regulations,
and agree to hold Salina Charity Horse Show harmless for any damage, loss, injury, or accident to property, animals, or show participants.

EVERY ENTRY AT A SHOW THAT PAYS THE EQUINE SPORTS COUNCIL EXHIBITION FEE AND IS EXHIBITED AND JUDGED ACCORDING TO THE ESC RULES AND GUIDELINES SHALL CONSTITUTE AN AGREEMENT AND AFFIRMATION THAT: (1) THE OWNER, AGENT, LESSEE, TRAINER, MANAGER, COACH, DRIVER AND RIDER AND ANY OF HIS/HER REPRESENTATIVES ARE BOUND BY THE SHOW RULES; (2) THAT EVERY HORSE, RIDER, AND/OR DRIVER IS ELIGIBLE AS ENTERED; (3) THEY AGREE TO ACCEPT AS FINAL THE DECISION OF SHOW MANAGEMENT ON ANY QUESTION ARISING UNDER SAID RULES, AND AGREE TO HOLD SOUTHERN SADDLEBRED SALES, INC, EQUINE SPORTS COUNCIL, THEIR OFFICIALS, DIRECTORS, AND EMPLOYEES HARMLESS FOR ANY ACTION TAKEN; (4) THAT THE OWNER, RIDER/DRIVER AND ANY OF THEIR AGENTS OR REPRESENTATIVES AGREE TO HOLD THE SHOW, EQUINE SPORTS COUNCIL, AND THEIR OFFICIALS, DIRECTORS, EMPLOYEES AND AGENTS HARMLESS FOR ANY ACCIDENT, INJURY, ILLNESS OR LOSS SUFFERED DURING OR IN CONJUNCTION WITH THE SHOW, WHETHER OR NOT SUCH ACCIDENT, INJURY, ILLNESS OR LOSS RESULTED DIRECTLY OR INDIRECTLY FROM THE NEGLIGENT ACTS OR OMISSIONS OF SAID OFFICIALS, DIRECTORS, EMPLOYEES OR AGENTS OF THE SHOW OR EQUINE SPORTS COUNCIL.

Signature of Owner, Manager, or Trainer _____

Make checks payable to: Salina Charity Horse Show