



**National Academy
Championship Finals**

Show Pricing

Preliminary Classes: \$60
Championship Classes: \$45
Finals: \$35

Any Stall Front Removed Will Cost An Additional \$25



www.nationalacademychampionships.org

| Office Use | Rider's First and Last Name | Birth Date* | Email | Full Mailing Address | Horses's Name | Entry Fee |
|------------|-----------------------------|-------------|-------|---|---------------|-----------|
| | Class <input type="text"/> | | | Address _____ City _____ State _____ Zip _____ | | |
| | Class <input type="text"/> | | | Address _____ City _____ State _____ Zip _____ | | |
| | Class <input type="text"/> | | | Address _____ City _____ State _____ Zip _____ | | |
| | Class <input type="text"/> | | | Address _____ City _____ State _____ Zip _____ | | |
| | Class <input type="text"/> | | | Address _____ City _____ State _____ Zip _____ | | |
| | Class <input type="text"/> | | | Address _____ City _____ State _____ Zip _____ | | |

*The age of the individual on December 1 will be maintained throughout the entire competition year. (USEF GR103)

I hereby enter the above horse(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, lessee, 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 |
|--|-------------|-------------|
| Show Program: <input type="checkbox"/> | | |
| Total Entry/Sponsor Fees: | | |
| Number of Stalls: <input type="checkbox"/> @ \$125.00 each | | |
| Number of Tack/Feedrooms: <input type="checkbox"/> @ \$125.00 each | | |
| Shavings: <input type="checkbox"/> @ \$8.50 per bag | | |
| Number of Box Seats: <input type="checkbox"/> @ \$75.00 each (8 seats) | | |
| Office Fee for Each Rider: <input type="checkbox"/> @ \$15.00 each | | |
| TOTAL: | | |

Make check payable to: The National Academy Championship Finals • Mail this form to: Janie Hamilton, 839 Ferry Rd. Hixson, TN 37343