

**SYRACUSE INTERNATIONAL HORSE SHOW  
ACADEMY ENTRY FORM  
Entries due May 23, 2022**

**RIDER'S NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

\_\_\_\_\_

**AGE IF MINOR** \_\_\_\_\_ **OR ADULT** \_\_\_\_\_

**HORSE'S NAME** \_\_\_\_\_

**Class #** \_\_\_\_\_ **Class Name** \_\_\_\_\_ **Fee:** \_\_\_\_\_

**Class #** \_\_\_\_\_ **Class Name** \_\_\_\_\_ **Fee:** \_\_\_\_\_

**Class #** \_\_\_\_\_ **Class Name** \_\_\_\_\_ **Fee:** \_\_\_\_\_

**Reserved Stalls: \$150** \_\_\_\_\_

**TOTAL FEES** \_\_\_\_\_

**Please READ and SIGN the following:**

Every precaution will be taken, but we cannot be responsible should an accident occur. I understand and agree that NY State Fair employees will not be held responsible for any accident that may occur. I further agree to hold Syracuse International and their employees harmless and indemnify them against any legal proceedings or any liabilities from any such accident or loss. Exhibitors will be held responsible for any careless damage to the grounds or equipment. Note: All Academy riders MUST wear ASTM/SEI approved helmets with harnesses secured.

**RIDER'S/PARENT'S SIGNATURE** \_\_\_\_\_

**TRAINER'S SIGNATURE** \_\_\_\_\_

**STABLE NAME** \_\_\_\_\_

**RETURN ENTRIES BY MARCH May 23, 2022 TO:**

**Linda Burke, Secretary**

**435 Middle Road**

**Horseheads, NY 14845**

**lburke1177@yahoo.com**

**(607) 739-7375**

**Please make checks for class entries payable to: Syracuse International Horse Show  
(After entering, if you find you cannot come, please call and cancel)**