**My Ol’ Kentucky Live**

**Entrant Name: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Entrant Initials (to be used in results): \_\_\_\_\_\_\_\_**

**Daytime Phone Number or Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you having horses shown via proxy? \_\_\_\_\_\_\_\_\_**

 **If so, who will be proxying for you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Would you like an emailed copy of the results? (Email MUST be provided to receive results)**

 Yes or No

**Please mark which table type suits your needs**

 **Half Table ($30) Full Table ($50) Extra Table: Half ($20) Full ($40)**

 **Proxy Showing ($20)**

**Total being paid: $\_\_\_\_\_\_\_\_\_\_\_**

**Rings showing in (this helps determine your seating in the showhall, but is not required):
OF Breyer \_\_\_\_ OF Stone \_\_\_\_ OF China \_\_\_ OF Mini \_\_\_ CM \_\_\_ AR \_\_\_ Performance \_\_\_**

**Please make all checks and/or money orders payable to Sydney Epley. If wishing to pay via PayPal, entry form must be received prior to show day and it is recommended you email the show holder (Sydney Epley;** sydney.epley091@gmail.com**) prior to sending payment.**

**I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, sign this to acknowledge my understanding of rules and payment required to participate in My Ol’ Kentucky Live. I also acknowledge I understand and am willing to follow all rules set forth in the show packet as well as the rules of the show hall. I agree to not hold My Ol’ Kentucky Live (Sydney Epley) or Stratton Community Center (Shelby County Gov.) accountable for any losses, injury, or harm that may be possible during the running of My Ol’ Kentucky Live. I understand that if I am unable to follow the rules required by Stratton Community Center or My Ol’ Kentucky Live, I may be asked to leave the showhall without a refund.**

**Entrant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Signature (if entrant is under 18): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_**

If emailing this form, please send it as an attachment to: sydney.epley091@gmail.com

If wishing to send this form via the US Postal Service; please mail to:
**My Ol’ Kentucky Live**

**ATTN: Sydney Epley**

**17003 Vista Lake Court**

**Louisville, KY 40245**