

# RIVER GLEN GATHERING

Make checks payable to: River Glen Equestrian Park

Mail Stall Reservations, Bedding Orders, and Entries to:  
 Jess Champion  
 4211 Niles Ferry Rd.  
 Greenback, TN 37742  
 Fax: (865)951-2972  
 Email: [championeventing@gmail.com](mailto:championeventing@gmail.com)

**One entry form per rider**  
Please indicate if fees need  
to be split  
 Circle appropriate show date

Every horse on the grounds  
 (showing or non-showing)  
 must be officially entered on an entry form.

**April 9-10**    **May 21-22** (Classics offered)    **June 25-26**    **September 24-25**    **October 15-16**

Office Use	Horse Name	Owner Name	Rider Name	Sat Class #	Sun Class #	Entry Fee

☆ Hunter classes \$20/ea. Ground Rails, Mini Cross Rail classes \$15/ea. Jumper classes \$25/ ☆

Stable with \_\_\_\_\_

Under Tennessee Law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Tennessee Code Annotated, title 44, chapter 20.

All entries are made at the rider's, owner's and trainer's risk with the understanding that there is an inherent risk in riding horses. Neither River Glen Equestrian Park, management, show officials, nor the show employees will be responsible for any accident or loss which may occur to an exhibitor, guest, groom, animal, or equipment.

Please indicate which day    **Fri**    **Sat**    **Sun**

# of Bags/Shavings - \$7.50/bag				
Stalls \$75/wknd \$35/day used				
Camper Hook-up \$80/wknd Non Hook-up \$40/wknd				
Non-Showing/Schooling - \$40				
Trailer In Fee - \$15				
Office /Medic - \$25				

**Entries not signed will not be accepted - Signature required in 3 places - Signature indicates that each has read and understands**

\_\_\_\_\_  
 Owner's Signature  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_

\_\_\_\_\_  
 Trainer's Signature  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_

\_\_\_\_\_  
 Rider's Signature  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_