

VERMONT MORGAN HERITAGE DAYS ENTRY FORM

ENTRIES DUE JUNE 15, 2020

Owner: _____

Address: _____

JR Exhibitor Age: _____ VMHA Member: • Yes • No

ADS Member Number: _____ Carriage Show Division: _____

PLEASE FILL OUT AND RETURN FORM TO

Pam Turner, Secretary
584 Ridge Road, Horseheads, NY 14845

Phone: (607) 731-9572
Email: pfturner584@twc.com

No Emailed or Faxed Entries

MAKE CHECKS PAYABLE TO:
VT Morgan Heritage Days

FOR FURTHER INFORMATION:
Cheryl Pratt Rivers, Show Manager
2698 VT Route 107, Stockbridge, VT 0577
Phone: (802) 234-5803
Email: cherlyprattrivers@gmail.com

CLASS FEES AS FOLLOWS

Dressage Test:\$25 per test
Saturday Qualifying Classes\$15
Saturday Championship Classes\$15
Saturday & Sunday Carriage Classes...\$25

OFFICE USE

HORSE NAME				REG #		COLOR		SEX		HEIGHT		DOB	
SIRE						DAM							
RIDER/ DRIVER/ HANDLER						ADDRESS							
ADS #	CLASS	CLASS	CLASS	CLASS	CLASS	CLASS	CLASS	CLASS	CLASS	CLASS	CLASS	CLASS	CLASS

OFFICE USE

HORSE NAME				REG #		COLOR		SEX		HEIGHT		DOB	
SIRE						DAM							
RIDER/ DRIVER/ HANDLER						ADDRESS							
ADS #	CLASS	CLASS	CLASS	CLASS	CLASS	CLASS	CLASS	CLASS	CLASS	CLASS	CLASS	CLASS	CLASS

OFFICE USE

Coggins _____ E/W _____
Health Certificate _____ Rabies _____
Registration _____
PAID _____ CHECK # _____
BLANK CHECK # _____
CREDIT CARD NUMBER VISA MC DISCOVER
_____-_____-_____
Expiration Date _____ Security Code _____
Signature _____

HORSE #1 ENTRY FEE \$ _____
HORSE #2 ENTRY FEE \$ _____
HORSE #3 ENTRY FEE \$ _____
HORSE #4 ENTRY FEE \$ _____

CARRIAGE ENTRIES: \$5 PER ADS
MEMBER OR \$30 FOR NONMEMBER \$ _____
POST ENTRY FEE - \$20 FOR ENTRIES
AFTER JUNE 15 \$ _____

STALLS - \$25 PER NIGHT \$ _____

CAMPING FEE \$ _____

OFFICE FEE - \$10 PER HORSE \$ _____

SPONSORSHIP AMOUNT \$ _____

TOTAL \$ _____

**MUST HAVE SEPARATE STALL DEPOSIT CHECK
\$25 PER STALL**

Clean Stall Deposit Check # _____

Check # if applicable _____

Please list all your customers who are to be stabled with you, including those sent in separately. Requests from entries to be stabled with you will not be considered unless their name appears on the list below.

Owner's	No. of Stalls
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

All horses need a current coggins & rabies certificate, proof of flu rhino vaccination within 6 months, & registration papers (for Morgan classes). Out of state horses need health certificates.

PLEASE READ THIS DISCLAIMER CAREFULLY.

It must be personally signed by: The Horse Owner or a Legally Authorized Agent; Each Person Riding, Driving, or Handling the Horse; the Parent or Legal Guardian of Each Owner, Rider, Drive or Handler Under the Age of 18 years.

The undersigned, in consideration of accepting this entry, does hereby for himself, his heirs, executors, and administrators, affirm and agree that all participants (hereinafter to include, without limitation: The Owner, Lessee, Trainer, Manager, Agent, Coach, Rider, Driver, Handler, and Horse):

1. Shall be subject to all rules and regulations of the competition, and agree to hold competition (hereinafter to include, without limitation: VT Morgan Heritage Days, The Vermont Morgan Horse Association, Inc., all landowners, and their officials, directors, trustees, members, volunteer workers, employees and agents) harmless for any action taken.
2. Represent that every horse, rider, driver and handler is eligible as entered.
3. Agree that they participate voluntarily in this competition, fully aware that horse sports and the competition involve inherent dangerous risk of serious injury and/or death and by participating they expressly assume all risks of injury or loss.
4. Agree to indemnify and hold the competition harmless against all liability, claims, suits, and expenses including attorney's fees incurred, for any injury to any person or animal or damage to any property suffered during or in connection with the competition whether or not such claim, injury, or loss resulted directly or indirectly from the negligent acts of omissions of said officers, directors, trustees, members, volunteer workers, employees or agents.
5. Agree to indemnity and hold the competition harmless from and against all liability, claims, suits, and expenses including attorney's fees incurred, arising out of injury to any person or animal or damage to any property caused by the participants.

STABLING/ CAMPING RESERVATION

Number of Horse Stalls: _____ Number of Nights Stalls Needed: _____
 Camp Site: • Hookup • No Hookup
 Arrival Date: _____ Departure Date: _____

THE FOLLOWING INFORMATION & SIGNATURES ARE REQUIRED OF ALL EXHIBITORS

NAME: _____
HORSE OWNER(S) OR AGENT(S) AS IT APPEARS ON THE REGISTRATION PAPERS OR CONTRACT

FARM OR RANCH: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ EMAIL: _____

OWNER/ LESSEE SIGNATURE(S): _____

RIDER/DRIVER'S SIGNATURE:* _____ DATE: _____

RIDER/DRIVER'S SIGNATURE:* _____ DATE: _____

RIDER/DRIVER'S SIGNATURE:* _____ DATE: _____

RIDER/DRIVER'S SIGNATURE:* _____ DATE: _____

***Parent or guardian must sign for Junior Exhibitors.**

Helmets required to be worn by ALL Junior Exhibitors.