

## 2019 Bonanza and Fall Classic Horse Shows Fees

Entry For: Bonanza Horse Show      Fall Classic Horse Show (Circle One)

Exhibitor Name: \_\_\_\_\_ Division(s): \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Exhibitors Age as of  
 January 1<sup>st</sup>: \_\_\_\_\_ Current 4-H Member (yes/no) \_\_\_\_\_  
 Horse Name: \_\_\_\_\_ Horse Age: \_\_\_\_\_ Horse Breed: \_\_\_\_\_  
 Indicate Horse Size: Pony Cob Horse Oversize (for potential year end prize)

Office Use Only:  
 Exhibitor # \_\_\_\_\_  
 Neg. Coggins ☐ Date: \_\_\_\_\_  
 Proof Rabies Vac. ☐  
 Related #'s \_\_\_\_\_  
 Verified By: \_\_\_\_\_  
 4-H Member ☐ yes

I, \_\_\_\_\_ hereby enter said horse at my own risk and will not hold Cornell Cooperative Extension, the Horse Show Committee, or property owners liable. I agree to be responsible for any injury or damages which may be caused by myself, my equine, or my family.  
 Exhibitor Signature: \_\_\_\_\_ Parent Signature (if under 18): \_\_\_\_\_

Class Fees: Checks payable: <i>Catt. County CCE/Horse Program</i> (Payment not expected at time of pre-entry)	Camper Fees: Checks payable: <i>Menoff Family Farm, Inc.</i> (Please submit at time of pre-entry)
Stalls: _____ night x \$25.00= _____ with shavings \$10.00= _____ x \$5.00= _____ x \$7.00= _____ Other: _____ Post Entry Fee (\$10.00) _____ Grounds/Office Fee per horse/rider combo.      \$5.00 <b>Total Show Fees:</b> _____	Camper: _____ Weekend \$40.00= _____ <b>Total Camper Fee:</b> _____

Please send a copy of your current coggins and rabies certificate with your pre-entry or submit at the show grounds. Have your originals available if needed. Entries are to be postmarked **10 days** prior to the show date. **Pre-Entries will not be charged the \$10 post entry fee. Save \$10 by pre-entering.**

**Payment for class fees is not expected at the time of pre-entry. Please send in camper fees only!** Camper fees are payable to: *Menoff Family Farm, Inc.* All class and stall fees payable to: *Catt. County CCE/Horse Program.*

Send all Entries and Fees to:  
 Cornell Cooperative Extension  
 Cattaraugus County 4-H Horse Program  
 28 Parkside Drive  
 Ellicottville, NY 14731



Final Accounting:  
 (Office Use Only)  
 # of Checks received \_\_\_\_\_  
 Check #/'s \_\_\_\_\_  
 Name (on Check) \_\_\_\_\_  
 Date Received: \_\_\_\_\_  
 By: \_\_\_\_\_