



HORSE SHOW ENTRY FORM

2022 Horse Show Dates

Show Date: September 2nd
Pre-Entry Post Marked Date: August 19th

SHOW NUMBER

or Preferred show number

Only one Horse/Rider Combination per entry form.

Name of Horse:		Breed:		Age:	Sex:	Height:
Exhibitor Name:		Age:	Phone #	Email:		
Mailing Address:			City:		State & Zip code:	
Free Day End Point Division: Circle division(s)	You can point in multiple divisions for Fair Day End. <div style="display: flex; justify-content: space-between; padding: 0 10px;"> Youth In Hand Adult In Hand Youth WT Youth WTC Saddle Seat Hunt Seat Stock Seat </div> <div style="display: flex; justify-content: space-between; padding: 0 10px;"> Mini/ Pony Lead line Green Horse Adult WT </div>					

Class Numbers

REQUIRED WITH ENTRY:

Make Checks & MO's payable to WMRC

- _____ Include payment – Check, Cash or MO (signed blank check)
- _____ Signature Below Exhibitor/ Parent
- _____ Copy of Coggins/ Rabies-Dated within 12 months

Mail Entries:

Cathy Dorr 1697 W. Lunenburg Rd Lunenburg VT 05906

Questions? WMRChorseshow@gmail.com

Total Pre-Entry Fees _____ X \$9 \$ _____

Total Champ/ stake class fees ____ X \$12 \$ _____

Post Entry One Time Fee \$15 \$ _____

Office Fee nonrefundable \$ 5 _____

Total Amount Due: \$ _____

Paid? Check _____ Cash _____



Liability Waiver

I fully understand the inherent dangers to myself, any minor child, my horse, and my possessions while engaged in any equine activity. I further agree to hold harmless: The White Mountain Riding club, The WMRC Show Committee, The Lancaster Fair Association, their Directors, Officials, Sponsors, Members and Volunteers while attending or exhibiting in this show; in the event of injury, damage, loss, or death to myself, my minor child, my horse, and my possessions, I agree that I have entered the above with understanding of the rules of this show. My signature on the form is proof of my acceptance of the rules and regulations of this show and the understanding of the above. Signature(s) below indicate that each of us has read and understands the above.

All Dogs must be on leash and must have a rabies certificate in possession. May be asked to prove vaccine status. Tags do not count!

All Horses must have Proof of Rabies Vaccines. Out of State horses must have proof of Negative Coggins Test within 12 months

******All riders under 18 years of age are required to always wear an ASTM approved riding helmet while mounted******

Do you have accident and/or medical insurance? Yes ____ or No ____

Do you have personal or other liability insurance for your horse related activities? Yes ____ or No ____

Print Name of Exhibitor: _____

Exhibitor Signature: _____ **DATE:** _____

Parent/Guardian must sign if rider is under 18 years of age

Owner of Horse Signature: _____ **DATE:** _____

*****Must sign in both places if you are both Exhibitor (Parent/Guardian) and Owner.***