



HORSE SHOW ENTRY FORM

2022 Horse Show Dates

SHOW NUMBER

Circle Show Date: June 5th July 2nd August 7th September 2nd
Pre-Entry Post Marked Date: **May 31st** **June 24th** **August 1st** **August 19th**

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:		
Year End Point Division: Circle division. \$20 ea.	Separate page for the Division points. Must attend 3 of the 4 shows. Youth In Hand Adult In Hand Youth WT Youth WTC Saddle Seat Hunt Seat Stock Seat Mini/ Pony Lead line Green Horse Adult WT					

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
- _____ Stall Usage Fee - \$10.00 per stall
- _____ Stall Cleaning Deposit Fee - \$20.00 per stall **CASH ONLY**

Mail Entries:

Cathy Dorr 1697 W. Lunenburg Rd Lunenburg VT 05906

Questions? WMRChorshow@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 _____
Stall Fee (\$10 per stall)	\$ _____
Must notify Show manager # stalls _____	
<u>Day stalls Not available for Sept Show</u>	
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.***