	BALANCE DUE	в							
	USHJA FEE \$5.00	US		Email			Email		Email
				Cell			Cell		Cell
	CREDITS/WINNINGS	CRE		City/St/Zip			City/St/Zip		City/St/Zip
	TOTAL AMOUNT DUE	TOTA		Street			Street		Street
\$55	OFFICE FEE			Print Name			Print Name		Print Name
	ENTRY FEE: \$50 After May 19th	POST	Owner's Signature	XOw		Trainer's Signature	×	Rider's Signature (Parent/Guardian if under 18)	XRider's Signature (Pa
	TOTAL ENTRY FEES	ΤΟΤΑ	OWNER	10		TRAINER		RIDER	_
	STALLS AfterMay 18\$345	-	t ot his/her tailure to c New England Charity	ntry torm. In the even te organizations and	er must sign an ei e show, the affilia	her agent and train ce of the rules of th	₂very exhibitor or his. onstrued as acceptar	obligations of this release on the child's behalt. Every exhibitor or his/her agent and trainer must sign an entry form. In the event of his/her failure to do so, his/her first entrance into the grounds shall be construed as acceptance of the rules of the show, the affiliate organizations and New England Charity Horse Show.	obligations of this relea his/her first entrance in Show.
	STALLS By May 18 \$315	Ē	agree to assume all c	e or my horse to othe bove provisions and	arm caused by m agree to all the a	d's participation and	harm to me or my ho I consent to the chil	to hold them harmless with respect to claims for harm to me or my horse and from any harm caused by me or my horse to others, at the competition. If I am a parent, guardian or trainer of a junior exhibitor. I consent to the child's participation and agree to all the above provisions and agree to assume all of the	a parent, guardian or tr
	NIGHT WATCH - \$20		ion involve inherent .h. I agree to indemnif affiliated associations	orts and the competit pain, suffering or deat arity Horse Show_the	dge that horse sp injuries, trauma, p New England Cha	ware and acknowle roken bones, head the management	hibitor, and am fully a dily injury including the competition	trainer, or as a parent or guardian of a junior exhibitor, and am fully aware and acknowledge that horse sports and the competition involve inherent dangerous risks of accident, loss and serious bodily injury including broken bones, head injuries, trauma, pain, suffering or death. I agree to indemnify (that is to pay any losses dam-ages or costs incurred by) the competition the management. New England Charity Horse Show, the affiliated associations, and	trainer, or as a parent c dangerous risks of acci
	RV HOOKUP - \$275	®	JA, CHSA, NEHC and shall be final. I, THE ee, owner, agent, coav	tee, whose decision and rules of the CH.	to the constitution the show commit horse, as a rider,	shall be referred to competition with my	ntrol of the show con e or question arise, if ate voluntarily in the	All entered for competition shall be under the control of the show committee and subject to the constitution and rules of the CHJA, CHSA, NEHC and the local rules of the competition. Should any dispute or question arise, it shall be referred to the show committee, whose decision shall be final. I, THE UNDERSIGNED, agree that I choose to participate voluntarily in the competition with my horse, as a rider, driver, handler, lessee, owner, agent, coach,	All entered for competition local rules of the compound uNDERSIGNED, agree
									CLASS FEE
									0
TOTAL FEE									CLASS #
									CLASS FEE
TOTAL FEE									CLASS #
	+								
NEHC #	USHJA # NE	CHSA #	CHJA #	AGE (12/1/18)	_		RIDER NAME		
			S M L						
ME	TRAINER OR BARN NAME	TRAIN	PONY	HEIGHT	SEX	COLOR	NY	NAME OF HORSE/PONY	NA
	ENTRY FORM		HORSE/PONY PER	ONLY ONE	9th •	lose: May 1	8th, EntriesC	Stalls Close May 18th, EntriesClose: May 19th	Sta
	,			and DO NOT need a MICROCHIP for their horse	CHIP for	d a MICRO	NOT nee	and DO	
Entry Blank ONLY			HJA FEES	SEF OR US	to pay US	NOT need	asses DO I	ດ	Out
HJA ch Ring)	USHJA	hmorz@qmail o	Secretary: Michelle Schmerzler (michelleschmerz@gmail c		" Michell	Secretary		INCOV CINGLA	
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