2026 TRI-COUNTY HORSEMEN/UNION FAIR VERSATILITY CLINIC ENTRY FORM

TRI-COUNTY HORSEMEN IN CONJUNCTION WITH THE UNION FAIR ARE OFFERING A VERSATILITY CLINIC WITH PETER WHITMORE. THE CLINIC IS MOUNTED AND/OR IN HAND AND USES OBSTACLES TO INCREASE COMMUNICATION AND BUILD TRUSTING RELATIONSHIPS BETWEEN HORSE AND RIDER. COST IS $150, PAYABLE AT SIGN UP. THE CLINIC IS LIMITED TO THE FIRST TWELVE HORSES SIGNED UP. THE CLINIC IS TO BE HELD DURING THE UNION FAIR IN THE HORSE SHOW RING. RIDER AND ONE ATTENDANT ARE ALLOWED INTO FAIRGROUNDS AT NO COST. FREE PARKING IN THE HORSE SHOW AREA. WE ENCOURAGE NON-PARTICIPANTS TO WATCH FREE WITH PAID ADMISSION TO THE UNION FAIR.

Clinic date: **August 6, 2026**

Date entries must be received by: **August 2, 2026**

Start time is 9:00 am

ENTRY FEE: $150 Non-refundable if accepted as first twelve, but may be transferred if unable to attend

Clinic is limited to the first TWELVE horses to sign up

Rider Name:	Age:
Address:	Tel No.
Horse Name:	
Horse Owners Name & Address:	Email:

Required with Entry:

_____ Payment due with registration

_____ Exhibitor Signature (with parent if applicable)

_____ Copy of Coggins & Rabies

TOTAL AMOUNT DUE $150.00

Mail Entry Forms to: Stacie Mariano, 893 West St. Ste 101, Rockport, ME 04856

Scanned/Email Forms: tch.showsec@gmail.com (all forms must be included)

LIABILITY WAIVER

I hereby certify that every horse, rider and handler is eligible as entered and I agree to be bound by the by-laws and rules of the Tri-County Horsemen and Union Fair Association. I further agree that if any damage or loss occurs to any of the horses or property which I may have at the show, that I will make no claims therefore. I further agree to indemnify and hold harmless the clinic committee and all horse clinic officials against all claims, demands, lawsuits and expenses arising out of any injury to any person or animal or to any property caused by myself, my attendant or my animal. My signature on the form is proof of my acceptance of the rules and regulations of this clinic and the understanding of the above indicates that we have all read and understand the above.

Exhibitor's Signature: _____

Date: _____

Signature of Parent or Guardian if a minor: _____

Date: _____

Tri-County Horsemen Use:

Date Received: _____ Paid: Yes_____ No _____
Cash _____ or Check #_____ or Venmo_____

Vet Documents Received: Yes_____ No_____