

2025 NC FOUR SEASONS CIRCUIT <i>Fallin' Into Autumn</i> <i>August 1-3, 2025 Williamston, NC</i>	MAKE CHECKS PAYABLE AND MAIL TO:	Arrival Date	
	Equine Event Planning, LLC	Departure Date	
	4618 Tyler Lane, Rocky Mount, NC 27803 Phone: Travis Alford (252) 450-5438 & Richard Isley (336) 908-3302		

Entries to be stabled together MUST be mailed in the same envelope.

Back #	HORSE NAME	RIDER NAME	DOB	CLASS NUMBERS					

PERSON RESPONSIBLE FOR ACCOUNT

Person to receive premium check, passes and correspondence. Must be 18 or older to sign.

Name: _____

Signature (Mandatory) _____

Address: _____

Cell Phone: _____ Email: _____

Barn/ Trainer Name: _____

A SIGNED OPEN CHECK PAYABLE TO EQUINE EVENT PLANNING, LLC MUST BE LEFT ON FILE IN SHOW OFFICE WHEN PICKING UP YOUR ENTRY PACKET. EVEN IF YOUR ACCOUNT IS PAID IN FULL A THE TIME, YOU MUST STILL LEAVE AN OPEN CHECK FOR ANY ADDITIONAL CLASSES, BEDDING, ETC. WHEN YOU FISINSH SHOWING, COME TO THE SHOW OFFICE TO OBTAIN YOUR GATE RELEASE. AT THAT TIME IF NOTHING ELSE IS OWED ON YOUR ACCOUNT, YOU WILL BE GIVEN BACK YOUR OPEN CHECK.

Each Rider must fill in the DOB (their birthday) to be eligible for age division High Point!!!!

NOTE: Prior to departure all accounts must be settled, and no animal will be permitted to leave the show grounds without an official release form from the show office. There will be a \$35.00 charge on all returned checks.

All Equine six months of age stabled or on the grounds must have current (within 12 months) negative Coggins test. A copy must be attached to the front of the stall door or if showing out or the trailer, be available for inspection by the State Veterinarians at all times. If it is a digital Coggins, it must be a color copy.

# of Classes ____ X \$12	
# of Classes ____ X \$5.00	
# of Classes ____ X \$27.00	
# of Classes ____ X \$37.00	
Exhibition can be signed up and paid for upon arrival.	
# of Permanent Stalls ____ X \$85 Stall plus 2 bags of shavings	
Grounds fees: # of Horses ____ # of Days ____ X\$25 (for non-stalled horses per day)	
# of Shavings Bags ____ X(\$8.00/Bag)	
RV Site: \$35 per night 1 st come basis.	Pay upon Arrival
Office Fees: # of Horses ____ X\$10	
Sweepstakes Classes \$25.00	
Amount Enclosed TOTAL (Signed Open check or full payment required)	

RESPONSIBILITY: WARNING: Under the North Carolina Law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting exclusively from the inherent risk of equine activities. Chapter 99E of the North Carolina General Statues. Equine Event Planning, LLC; NC Four Seasons Open Show Circuit; and/or Show Management will in no way be responsible for any loss or damage that may occur, and it will be a condition of the entry that each exhibitor shall hold the horse show and the Senator Bob Martin Eastern Agricultural Center blameless for any kind or nature that may be lost, destroyed, or stolen; and will not be responsible for or liable for injury sustained in any way to exhibitors, spectators, employees, third parties or any other interest parties. All owners and exhibitors will be held responsible for any damages, incurred by them or their agents to barns or other properties on the Show Ground and will be billed accordingly.

OFFICE USE ONLY

Date Received: _____

Amount: _____

Check #: _____