

2018 NC STATE FAIR HORSE SHOW

NON-USEF SHOW

MAKE CHECKS PAYABLE AND MAIL TO:
Equine Event Planning, LLC
705 Westland Dr., Greensboro, NC 27410
Phone (607) 769-6743 During Show Only (919) 839-4702

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PLEASE INDICATE YOUR SHOW: (ONE HORSE PER FORM)
☐ Miniature Horse

PLEASE WRITE LEGIBLY

Entries close 9/21/18. Entries postmarked after 9/21/18 will be charged a \$25 penalty per horse.

ENTRIES TO BE STABLED TOGETHER MUST BE MAILED IN THE SAME ENVELOPE. All entries must be complete. Enclose copies of horse registration papers (including pedigree), current Coggins purchase contract (if applicable) and Breed membership cards for each rider, driver, handler, lessee, owner, agent, coach & trainer. All equine over 6 months must have a negative Coggins dated within 12 months of show date and it must be attached to stall front, available for inspection at all times.

I agree that if any damage shall be occasioned, or loss occur, by fire or otherwise to the horses exhibited or to any vehicle or other article that I may send with such horses, that I will make no claim therefore, and I further agree to forfeit and pay to the NC State Fair Horse Show, the sum of \$100 as and for liquidated damages if the animal or any animals which I may exhibit are suffering from any contagious or infectious disease and further I agree to hold the NC State Fair Horse Show, its management, staff, and officials harmless from any claim or demand of whatsoever kind of nature, that may be occasioned by the horse or horses exhibited by me, or the negligence of the persons in charge of such horses, and to repay to the NC State Fair Horse Show on demand, all damages it may suffer by reason of any claim or demand as aforesaid.

HORSE

Name: Year Foaled: Registration #: Sex: Color:

RIDER #1

Name: Cell Phone: Date of Birth:

Address: ☐ Junior ☐ Adult Amateur

City, State, Zip: Signature

Email: Signature

CLASS NUMBERS:

RIDER #2

Name: Cell Phone: Date of Birth:

Address: ☐ Junior ☐ Adult Amateur

City, State, Zip: Signature

Email: Signature

CLASS NUMBERS:

PERSON RESPONSIBLE FOR ACCOUNT

Person to receive premium check, passes and correspondence. Must be 18 or older to sign. **MUST have Social Security number to issue check.**

Name: Signature (Mandatory):

Address: City, State, Zip:

Cell Phone: Email: SS #:

HORSE OWNER

Name: Cell Phone:

Address:

City, State, Zip:

Email: Signature:

Entry Fee Subtotal

of Additional Parking Passes _____ x \$15
(Exhibitors Only) Non returnable nor refundable

of Classes _____ x \$10

Late Penalty: # of Horses _____ x \$25

of Permanent Stalls _____ x \$30

Grounds Fees: # of Days _____ x \$25
(for non-stabled horses per day)

Office Fees: \$10

of Shavings Bags _____ x (\$7.00/Bag)

Amount Enclosed **TOTAL**
(Signed open check or full payment required)

Arrival Date: Departure Date:

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

OFFICE USE ONLY

Date Received: Receipt #:

Amount: Check #:

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 charge on all returned checks.

A SIGNED OPEN CHECK PAYABLE TO THE 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 AT THE TIME, YOU MUST STILL LEAVE AN OPEN CHECK FOR ANY ADDITIONAL CLASSES, BEDDING, ETC. WHEN YOU FINISH 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.