2018 NC STATE FAIR HORSE SHOW NON-USEF SHOW

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

PPP	EX	PP

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

PLEASE WRITE LEGIBLY

U	
ı	
ı	ш
ı	3
ı	i 🚎
ı	-
ı	=
ı	ιĎ
ı	S
ı	
ı	
ı	0
ı	I IA
ı	, w
ı	עוו
ı	LC.
ı	-
ı	
ı	<u>ا ا</u>
ı	15
ı	_
ı	-
ı	00
ı	•
ı	-
ı	ш
ı	_
ı	-
ı	_
ı	▗
ı	עיי
ı	S
ı	7
ı	ı×
ı	0
ı	Ś
ı	-
ı	3
ı	_
ı	S)
ı	=
ı	<u> </u>
ı	
ı	שיו
ı	0
ı	_
ı	ש
ı	12
ı	שו
ı	שייו
ı	דו
ı	L C
ı	<
U	I N
Į	2
	71/
	21/
	21/1
	21/18
	21/181
	21/18 W
	21/18 WI
	21/18 will
	21/18 will l
	21/18 will b
	21/18 will be
	21/18 will be
	21/18 will be c
	ies close 9/21/18. Entries postmarked after 9/21/18 will be ch
	21/18 will be cha
	21/18 will be char
	21/18 will be charg
	narç
	21/18 will be charged a \$25 p
	narged a \$25 pe
	narged a \$25 penali
	narged a \$25 pe

date and it must be attached to stall front, available for inspection at all times. 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 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

l 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

	_						CLASS NUMBERS:	
Amount: Check #:				Signature	-	·	Email:	
Date Received: Receipt #:							City, State, Zip:	$\overline{}$
OFFICE USE ONLY		T	☐ Adult Amateur	□ Junior □			Address:	
mailed in the same envelo	Et:	Date of Birth:		Cell Phone:			Name:	
Entries to be stabled together I				RIDER #2	RID			
Arrival Date: Departure D							CLASS NUMBERS:	
(Signed open check or full payment				Signature			Email:	$\overline{}$
Amount Enclosed							City, State, Zip:	
# of Shavings Bags x (\$/.		T	☐ Adult Amateur	□ Junior □			Address:	
2	th:	Date of Birth:		Cell Phone:			Name:	
Office Fe				RIDER #1	RID			
(for non-stabled horse				Ì				10
Grounds Fees: # of Days	Color:	Sex:		Registration #:	Year Foaled:		Name:	
# of Permanent Stalls				HORSE	HO			
Late Penalty: # of Horses	ļ.	demand as aforesai	f any claim or o	suffer by reason o	mand, all damages it may s	se Show on der	repay to the NC State Fair Horse Show on demand, all damages it may suffer by reason of any claim or demand as aforesaid.	
# of Classes	of such horses, and to	ne persons in charge	egligence of th	d by me, or the no	e horse or horses exhibited	casioned by th	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	
# of Additional Parking Passes	orse Show, the sum or infectious disease	the NC State Fair Hoom any contagious	reit and pay to re suffering fro	rther agree to for ch I may exhibit a	no claim therefore, and I full animal or any animals which which the second sec	hat I will make n damages if the a	may send with such horses, that I will make no claim therefore, and I further agree to forfeit and pay to the NC State Hair Horse Show, the sum of \$100 as and for liquidated, what he animal or any animals which I may exhibit are suffering from any contagious or infectious diseases and for liquidated the NC State Fix Horse Show, the sum of \$100 as and for liquidated the NC State Fix Horse Show, the sum of \$100 as and for liquidated the NC State Fix Horse Show, the sum of \$100 as and for liquidated the NC State Fix Horse Show, the sum of \$100 as and for liquidated the NC State Fix Horse Show, the sum of \$100 as and for liquidated the NC State Fix Horse Show, the sum of \$100 as and for liquidated the NC State Fix Horse Show, the sum of \$100 as and for liquidated the NC State Fix Horse Show, the sum of \$100 as and for liquidated the NC State Fix Horse Show, the sum of \$100 as and for liquidated the NC State Fix Horse Show, the sum of \$100 as and for liquidated the NC State Fix Horse Show, the sum of \$100 as and \$100 as and \$100 as an all \$100 a	

7	7
2	֖֖֖֡֝֟֝֟֝֟֓֓֓֓֓֟֓֓֓֓֓֟֓֓֓֓֓֓֡֓֓֡֓֡֓֓֓֡֓֡֓֡֓֡֓֡֡
て	2
7	J
۲	
Ċ	5
Ζ	2
4	4
2	<u> </u>
П	1
2	1
ž	j
3	>
5)
c	j
Č	=
Z	2
Ī	1

Name: Address: Cell Phone: Person to receive premium check, passes and correspondence. Must be 18 or older to sign. MUST have Social Security number to issue check. Email: Signature (Mandatory): City, State, Zip: SS #:

Name: Email: City, State, Zip: Address: **HORSE OWNER** Cell Phone: Signature:

	Check #:	Amount:
	Receipt #:	Date Received:
	SE ONLY	OFFICE USE ONLY
Ō	d together MUST b ame envelope.	Entries to be stabled together MUST be mailed in the same envelope.
	Departure Date:	Arrival Date:
	Amount Enclosed TOTAL (Signed open check or full payment required)	Amo (Signed open chec
	x (\$7.00/Bag)	# of Shavings Bags
	Office Fees: \$10	
	es: # of Daysx \$25 (for non-stabled horses per day)	Grounds Fees: # of Days (for non-stabled
	nt Stallsx \$30	# of Permanent Stalls
	Horsesx \$25	Late Penalty: # of Horses
	# of Classes x \$10	# of
	dditional Parking Passesx \$15 (Exhibitors Only) Non returnable nor refundable	# of Additional Parking Passes (Exhibitors Only) Non returnab
	Entry Fee Subtotal	

and no animal will be permitted to leave the show grounds without an NOTE: Prior to departure all accounts must be settled There will be a \$35 charge on all returned checks official release form from the show office.

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