

# 2018 NC STATE FAIR HORSE SHOW

## DRAFT HORSE PULL

Calvin Davis, Superintendent (919) 812-0831

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**Registration forms due by 9/21/18. Premiums paid top 10 places per class. One form per team, please.  
Proof of negative EIA (Coggins) test within the last 12 months is required.**

**MAKE CHECKS PAYABLE AND MAIL TO: Equine Event Planning, LLC, 3836 Eugene James Rd., Tarboro, NC 27886**  
Phone (252) 450-5438 • During Show Only (919) 839-4702 • tinalfarmer@gmail.com

### 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:	SS #:
Address:	
Cell Phone:	Email:

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 harmless from any claim or demand of whatsoever kind or 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.

Signature (Mandatory):	Date:
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### HORSE OWNER

Name:	SS #:
Address:	
Cell Phone:	Email:

### HORSES

Names:
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### DRIVER

Name:
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### HOOKERS

Names:
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### DIVISION

Please check one:

Horse - Light Weight Class

Horse - Heavy Weight Class

### APPRECIATION LUNCH

Number of Guests Attending:

# of Stalls x \$30 each : # _____ x \$30 <small>Please use one form per team</small>	\$ _____
# of Additional Parking Passes _____ x \$15 <small>Non returnable nor refundable</small>	\$ _____
# of Shavings Bags _____ x (\$7.00/Bag)	\$ _____
Amount Enclosed <b>TOTAL</b> <small>(Signed open check or full payment required)</small>	\$ _____

**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. THERE WILL BE A \$35 CHARGE ON ALL RETURNED CHECKS.**

### FOR OFFICE USE ONLY

Date Received:	Receipt #:	Amount:	Check #:
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