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| 2019 NC STATE FAIR HORSE SHOW <i>NON-USEF SHOW</i> | MAKE CHECKS PAYABLE AND MAIL TO: Equine Event Planning, LLC 4618 Tyler Lane, Rocky Mount, NC 27803 Phone: (252)450-5438 During Show Only (919)839-4702 | Arrival Date _____ Departure Date _____ |
| | Entries close 9/30/2019. Entries postmarked after 9/30/19 will be charged a \$25.00 penalty per horse. Entries to be stabled together MUST be mailed in the same envelope. | |
| | PLEASE INDICATE YOUR SHOW: (ONE HORSE PER FORM) <input type="checkbox"/> Mule <input type="checkbox"/> Donkey <input type="checkbox"/> Miniature Mule <input type="checkbox"/> Miniature Donkey | |

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 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 color copy.

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
 Email: _____ Signature: _____

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| CLASS #'S | | | | | | | | | |
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RIDER #2

Name: _____ Cell Phone: _____ Date of Birth # _____
 Address: _____ Junior Adult Amateur
 Email: _____ Signature: _____

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| CLASS #'S | | | | | | | | | |
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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: _____

HORSE OWNER

Name: _____ / Signature _____
 Address: _____
 Cell Phone: _____ Email: _____

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| # of Additional Parking Passes _____ X \$15 Non-returnable non-refundable | |
| Late Penalty: # of Horses _____ X \$25 | |
| # of classes _____ X \$10 | |
| # of Permanent Stalls _____ X \$65.00 | |
| Grounds fees: # of Horses _____ X # of Days _____ X \$25.00 (for non-stalled horses per day) | |
| Office fees: # of Horses _____ X \$10 | |
| # of Shavings Bags _____ X (\$7.00/ Bag) | |
| Amount Enclosed TOTAL (Signed Open check or full payment required) | |

OFFICE USE ONLY

Date Received: _____
 Amount: _____
 Receipt #: _____
 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 \$35.00 charge on all returned checks.

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 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.