2021 NC STATE FAIR HORSE SHOW	MAKE CHECKS PAYABLE AND MAIL TO:		Arrival Date			
NON-USEF SHOW	Equine Event Planning, LLC		Departure Date			
	4618 Tyler Lane, Rocky Mount, NC 27803 Phone: (252)450-5438/ (336)908-3302		Show Date:	Thursday, October 21,2021		
Entries close 9/30/2021. Entries postmarked after 9/30/21 will be charged			lty per horse.			
Entries to be stabled together MUST be mailed in the same envelope.						
PLEASE INDIATE YOUR SHOW: (ONE HORSE PER FORM)						
🗆 Mule 🗆 Donkey 🗆 Miniature Mule 🗆 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.						
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; and/or		Late P	e Penalty: # of HorsesX \$25			
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 James B. Hunt Horse Complex 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		# of classes X \$10				
		# of	f Permanent StallsX \$65.00			
way to exhibitors, spectators, employees, third parties or any other interested 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		Grounds fees: # of Horses				
Ground and will be billed accordingly.		X # of DaysX\$25.00				
		(for non-stalled horses per day)				
HORSE           Name:         Year Foaled:         Registration #:         Sex:         Color:		Office fees: # of HorsesX \$10				
		# of Shavings BagsX (\$7.50/ Bag)				
RIDER #1           Name:         Date of Birth #           Address:         Junior Adult Amateur		Amount Enclosed TOTAL				
		(Signed Open check or full payment required)				
Email: Signature:			OFFICE USE ONLY			
			Date Received:			
CLASS #'S						
RIDER #2			Amount: Receipt #:			
Name:          Date of Birth #			Check #:			
Address:	Junior 🛛 Adult Amateur					
Email:Signature	:		•	nts must be settled, ne show grounds wi		
CLASS #'S				office. There will b		
			n all returned chec			
PERSON RESPONSIBLE FOR ACCOUNT		CANCELLATION FEE: If you are unable to attend, there will be a \$10 Non-refundable office fee. The only exception is if you can				
Person to receive premium check, passes and correspondence. Must be 18 or older to sign.		provide a Veteri			you curr	
Name:/ Signature (Mandatory)		-				
Address: Cell Phone: Email:		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				
Cell Phone:Email:						
HORSE OWNER						
Name: / Signature						
Address:				J WILL BE GIVEN BACK		
Cell Phone: Email:		OPEN CHECK.				