

2022 Williamston HORSE SHOW Travis Alford, Superintendent (252)450-5438	MAKE CHECKS PAYABLE AND MAIL TO: Equine Event Planning, LLC 4618 Tyler Lane, Rocky Mount, NC 27803 Phone: (252) 450-5438 During Show Only (252) 450-5438	Arrival Date	
		Departure Date	
		Show Date: Start Time:	Saturday, February 26, 2022

Registration forms must be on file in the show office. Proof of negative EIA (Coggins) test within the last 12 months is required. If it is a digital Coggins, it must be a color copy.

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.

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 Statutes. Equine Event Planning, LLC; and/or 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 Sen. Bob Martin Ag. Center 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 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 Ground and will be billed accordingly.

PERSON RESPONSIBLE FOR ACCOUNT

Person to receive premium check, passes and correspondence. Must be 18 or older to sign.
Must have W9 on file in the office.

Name: _____ Address: _____
Cell Phone: _____ Email: _____

Signature: (Mandatory): _____

DIVISON

Please check one:

Horse- Light Weight Class
 Horse- Heavy Weight Class

APPRECIATION LUNCH

Number of Guests Attending: _____

HORSE OWNER

Must have a W9 on file in the office.

Name: _____
Address: _____
Cell Phone: _____ Email: _____

Entry Fee \$20 per team Please use one form per team!	\$20
Stalls are available for \$65.00 Each	
# of Shavings Bags _____ X(\$7.50/Bag)	
Amount Enclosed TOTAL (Signed open check or full payment required)	

Horses: Names: _____

Driver: Name: _____

Handlers: Name: _____

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.

OFFICE USE ONLY

Date Received: _____
Amount: _____
Receipt #: _____
Check #: _____