2024 NC STATE FAIR HORSE SHOW

NON-USEF SHOW
Mules/ Donkeys NASMDA Sanctioned

Cell Phone:

MAKE CHECKS PAYABLE AND MAIL TO: Equine Event Planning, LLC 4618 Tyler Lane, Rocky Mount, NC 27803 Phone: (252)450-5438/ (336)908-3302

Arrival Date	
Departure Date	
Show Date:	Wednesday, October 16,2024

Entries close 9/30/2024. Entries postmarked after 9/30/24 will be charged a \$25.00 penalty per horse.

Entries to be stabled together MUST be mailed in the same envelope.

PLEASE INDIATE YOUR SHOW: (ONE HORSE PER FORM)

□ Mule □ 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 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 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.

		HORSE			
Name:	Year Foaled:	Registration	#:	Sex:	Color:
	_	RIDER #1	_		
Name:	Cell	Phone:	_ Date of	Birth #	
Address:			_□ Junior	□ Adult Am	nateur
Email:		Signature:			
CLASS #'S					
Address:	Cell		□ Junior	□ Adult Am	nateur
CLASS #'S					
	eive premium check, passes a	-	ce. Mus		_
	/ Signature (Ma				
Address:					
Cell Phone:	Email:				
	HOR	SE OWNER			
Name:	/ Signature				
Address:					

Email:

	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.

CANCELLATION FEE: If you are unable to attend, there will be a \$10 Non-refundable office fee. The only exception is if you can provide a Veterinarian note.

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 ELSE IS OWED ON YOUR ACCOUNT, YOU WILL BE GIVEN BACK YOUR OPEN CHECK.