

2025 NC STATE FAIR HORSE SHOW <i>NON-USEF SHOW</i> Mules/ Donkeys NASMDA Sanctioned	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:	Monday, Oct. 20, 2025														
Entries close 9/30/2025. Entries postmarked after 9/30/25 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) ☐ 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 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 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.		<table><tr><td>Late Penalty: # of Horses _____ X \$25</td><td></td></tr><tr><td># of classes _____ X \$14</td><td></td></tr><tr><td># of Permanent Stalls _____ X \$90.00</td><td></td></tr><tr><td>Grounds fees: # of Horses _____ X # of Days _____ X \$25.00 (for non-stalled horses per day)</td><td></td></tr><tr><td>Office fees: # of Horses _____ X \$10</td><td></td></tr><tr><td># of Shavings Bags _____ X (\$8.00/ Bag)</td><td></td></tr><tr><td>Amount Enclosed TOTAL (Signed Open check or full payment required)</td><td></td></tr></table>		Late Penalty: # of Horses _____ X \$25		# of classes _____ X \$14		# of Permanent Stalls _____ X \$90.00		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 (\$8.00/ Bag)		Amount Enclosed TOTAL (Signed Open check or full payment required)	
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HORSE Name: _____ Year Foaled: _____ Registration #: _____ Sex: _____ Color: _____		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.															
RIDER #1 Name: _____ Cell Phone: _____ Date of Birth # _____ Address: _____ ☐ Junior ☐ Adult Amateur Email: _____ Signature: _____ <table><tr><td>CLASS #'S</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>				CLASS #'S													
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RIDER #2 Name: _____ Cell Phone: _____ Date of Birth # _____ Address: _____ ☐ Junior ☐ Adult Amateur Email: _____ Signature: _____ <table><tr><td>CLASS #'S</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>		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: _____		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.															
HORSE OWNER Name: _____/ Signature _____ Address: _____ Cell Phone: _____ Email: _____																	