

**County Horse Council** 

## **Orange County Horse Council**

P.O. Box 522, Goshen, NY 10924

## Featuring Gymkhana Clinic with NBHA World Champion Ozzie Morris

202	ı kegistr	ation				Rabies	Co	ggins	
Rider Name Address				ı	Name of Horse				
				(	City				
State	Zip	Email		F	Phone	one			
Emergency Contact Name				E	mergency Conta	gency Contact Phone			
OCHC, and hereby ex can occur equipmen against Conature the harmless person or Horse Cou	d the participating la pressly agree to the I understand that at that I may use or so bunty of Orange. I fu at may be occasion these organizations damage to any proj	ndowners (County following: I under participation in e end to use, I will r irther agree to ho ed by the horses and individuals ag perty caused by m and specifications	y of Orange, 211 Rt. stand that the sport quine activities involuted in the activities involuted in the aforemention used by me or the painst all liability clace, my horses or atterpropersists of every standard that the standard in the st	416, Montgomery of horseback riding olves necessary risl set the OCHC, and/oned free and harmlinegligence of the ims, suits and expendents. I fully undent. This contract is	res, with regards to to the NY 12549), Participants and driving is inherents. I agree that if any or any of the officers, ress from any liability, persons in charge of moses, including attornerstand the above and non-assignable and note.	It his/her heirs, assigntly dangerous and injury occurs to n directors, trustees, or dains, suits, or da such horses and I ney fees incurred and agree to abide by	gns and legal I that serious in horse or nemployees an mages of what agree to inderising out of a all OCHC and	representativinjury and dea myself or to and volunteers, atsoever kind emnify and ho any injury to a l New York Sta	
Name of Rider (print)  Name of Parent/Guardian (print)				Signature of Ric		Date			
				Signature Parent/Guardi	of		Date		
Copies o	f negative coggins	and rabbies, da	ated within one y	] -	t be presented at t	ime of registratio	n. NO EXCE	PTIONS!	
DIVIS	SIONS	Dash	Pole Bendir	ng Navajo o	r Cloverlea	f Entry Fe	e/Run	Total	
Rookie Jul	nior (ribbons)						\$12		
Ad Ad	lult (ribbons)						\$12		
Junio	r (3D payout)						\$12		
Senior (3D payout)						\$12			
Open (3D payout)						\$12			
Exhibi	ition Runs						\$5 each		
SPECIAL		Don Maney Run (Figur			∞)		\$10	<del></del>	
		Jameson Run (Speed F			es)		\$10		
		Congelosi Run					\$10		
Please make checks payable to Orange			Paid Cash	Paid Check	#	Rookie C	linic \$25 fice Fees	\$:	

Email pre-registration, coggins and rabies to Andrea Crawford at <a href="mailto:crawfordfarm@msn.com">crawfordfarm@msn.com</a> no later than Thursday prior to event. There will be a \$25 service fee on all returned checks. Refunds are made by mail.

Received by