

OFFICIAL USE ONLY

Date of Coggins _____ Date of Rabies _____ Vaccinations _____ Division: _____ Number _____

**ATLANTIC COUNTY 4H OPEN SHOW SERIES
Miniature Horse Show**

EXHIBITOR: _____ BIRTHDATE : ____/____/____

ADDRESS: _____ PHONE: _____

CITY, STATE, ZIP _____

HORSE: _____ CIRCLE ONE: Mare Gelding

E- MAIL ADDRESS _____

Proof of eastern encephalitis or bivalent encephalitis, tetanus and rabies vaccinations within 1 year of the date of the show. (West Nile and Strangles vaccinations are also strongly recommended.)

Class Fee: \$10.00 per class (2 class limit)	Up & Coming: \$10.00 (2nd & 3rd Grade)
Day Fee: \$30.00 per day (over 2 classes)	Schooling Fee: \$5.00, if not entered in any class
Leadline Division: No Fee	
Stall Rentals are available at the barn	
Stall Fee \$10; refund of \$5.00 will be made if stall is left clean	
Tee Shirt Size:	Adult: Child: S M L XL XXL

Compliance with NJ 4-H Youth Development Helmet Policy I , the undersigned rider, or parent, guardian, or trainer of the rider, understand that I am responsible to see to it that the equestrian riding helmet complies with appropriate safety standards for protective headgear intended for equestrian use. I further attest that the helmet is:

- _____ An ASTM/SEI approved equestrian riding helmet
- _____ Is properly fitted to the specific entrant
- _____ Is in good condition

I, the undersigned recognize under New Jersey Law, an equine operator is not liable for any injury resulting from the inherent risks of equine activities. A participant and spectator are deemed to assume the inherent risks of equine activities created by equine activities, weather, riding conditions, riders and all other inherent conditions. Inherent risks of an equine activity means those dangers which are an integral part of equine activity, including but not limited to : tendency of an equine to behave in ways that result in injury, harm, or death to nearby persons; unpredictability of an equine's reaction to unfamiliar sounds, movement, objects, persons, or other animals.

PURSUANT P.L.1997, C287 (C.5:15-1 ef seq.)

I have read the above policies, and the code of conduct and show rules outlined in the program. I have discussed them with my son/daughter and understand and agree to the conditions set forth. I accept the cost and responsibility of having my son/daughter participate in this series

Signature

Date

Signature of Parent/Guardian

date

SPRING SHOW – PLEASE CIRCLE YOUR DIVISION AND CLASSES:

Youth In-Hand	1	3	7	9	17
Youth Driving	11	12	15		
Senior In-Hand	2	4	8	10	18
Senior Driving	13	14	16		
Up & Coming	5	6			

Official Use Only:

# OF CLASSES (Circle)	
Day Fee \$30.00	Up & Coming \$10.00
1 class x \$10.00 = \$_____	2 Schooling Fee: \$5.00
PAYMENT METHOD: CASH _____ CHECK _____ (#_____)	

FALL SHOW – PLEASE CIRCLE YOUR DIVISION AND CLASSES:

Youth In-Hand	1	3	7	9	17
Youth Driving	11	12	15		
Senior In-Hand	2	4	8	10	18
Senior Driving	13	14	16		
Up & Coming	5	6			

Official Use Only:

# OF CLASSES (Circle)	
Day Fee \$30.00	Up & Coming \$10.00
1 class x \$10.00 = \$_____	2 Schooling Fee: \$5.00
PAYMENT METHOD: CASH _____ CHECK _____ (#_____)	

Proof of eastern encephalitis or bivalent encephalitis, tetanus and rabies vaccinations within 1 year of the date of the show. (West Nile and Strangles vaccinations are also strongly recommended.)