

OFFICIAL USE ONLY

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

ATLANTIC COUNTY 4H OPEN SHOW SERIES Western 2010

EXHIBITOR: _____ BIRTHDATE : ____/____/____

HORSE: _____ CIRCLE ONE: Mare Gelding

ADDRESS: _____ PHONE: _____

CITY, STATE, ZIP _____

E- MAIL ADDRESS _____

Class Fee: \$10.00 per class (2 class limit)

Up & Coming: \$10.00

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:

GREEN	6	12	14	16					
JUNIORS	1	7	17	23	28	31	38	43	48
INTERMEDIATE	2	8	18	24	29	32	37	42	47
SENIOR	3	9	19	25	30	33	36	41	46
GAITED PLEASURE	22								
NOVICE	4	10	20	26	35	40	45		
OLDER & BOLDER	5	11	21	27	34	39	44		
LEADLINE	YES								
UP & COMING	13	15							

Official Use Only:

OF CLASSES (Circle)

Day Fee \$30.00

1 class x \$10.00 = \$10.00

2 classes x \$10.00 = \$20.00

BACK NUMBER _____

REPLACEMENT FEE _____

PAYMENT METHOD: CASH _____ CHECK _____ (# _____)

FALL SHOW – PLEASE CIRCLE YOUR DIVISION AND CLASSES:

GREEN	6	12	14	16					
JUNIORS	1	7	17	23	28	31	38	43	48
INTERMEDIATE	2	8	18	24	29	32	37	42	47
SENIOR	3	9	19	25	30	33	36	41	46
GAITED PLEASURE	22								
NOVICE	4	10	20	26	35	40	45		
OLDER & BOLDER	5	11	21	27	34	39	44		
LEADLINE	YES								
UP & COMING	13	15							

Official Use Only:

OF CLASSES (Circle)

Day Fee \$30.00

Up & Coming \$10.00

1 class x \$10.00 = \$10.00

2 classes x \$10.00 = \$20.00

BACK NUMBER _____

REPLACEMENT FEE _____

PAYMENT METHOD: CASH _____ CHECK _____ (# _____)