



Nine Pines Entry Form 2024

One Horse/Rider Per Form

Entry # _____

COGGINS

Check# _____

Open Check: Y / N

Name of Rider _____ Age _____ Phone _____

Address _____

Name of Horse _____ Age _____ Breed _____

Friday Trail Classes Entered (please circle #'s) 1 2 3 4 5 6 7 8

Saturday Classes Entered (please circle #'s) 1 2 3 **\$\$\$4** 5 6 7 8 9

10 11 12 13 14 15 **\$\$\$16** 17 18 19 20 21 **\$\$\$22** 23 24 25 26 27 **\$\$\$28**

29 30 31 32 33 **\$\$\$34** 35 36 37 38 39 40 41

Sunday Classes Entered (please circle #'s) 1 2 **\$\$\$3** 4 5 6 7 8 9 10 11 12

\$\$\$13 14 15 16 17 18 **\$\$\$19** 20 21 22 23 24 **\$\$\$25** 26 27 28 29 30

\$\$\$31 32 33 34 35 36

Number of Classes	_____	x \$12.00 = \$ _____	(no refunds on scratched classes – you may
Number of \$\$ Payback Classes	_____	x \$15.00 = \$ _____	swap for another class only – please enter
Division Fee	_____	x \$66.00 = \$ _____	accordingly)
Multiple Division Fee	_____	x \$60.00 = \$ _____	
Office Fee (waived for Leadline)	_____	\$ 5.00 = \$ _____	
Haul In Fee	_____	\$15.00 = \$ _____	
Day End/Special Award Fee	<input type="checkbox"/>	\$10.00 = \$ _____	

I understand if box not checked at time of entry I am ineligible for Day End or Special Awards _____ (initial)

Total Due = \$ _____

I, _____ hereby release the Gloucester County DREAM Park and Nine Pines Open Pleasure Show from any and all responsibility or liability for injury or to any guest, exhibitor, rider, groom, other employee, entry or animal resulting from or due to the entry and/or the participation in the Nine Pines Open Pleasure Show, and also release and agree to indemnify the Gloucester County DREAM Park and Nine Pines Horse Open Horse Show harmless from any claim or suit for injury damage or blame resulting from the transportation, stabling, entry or exhibition of these entries. Nor will they be responsible for any article of any kind or nature that may be lost. Repair costs for stalls deemed "damaged" by DREAM Park will be the responsibility of the exhibitor. I have read and understand the above statements.

Participant's or Parent or Guardian's Signature if under 18 _____ Date: _____