

Nine Pines June & August 2017

Entry Form

One Horse/Rider Per Form



Entry # _____

Check# _____
Open Check: Y / N

Name of Rider _____ Age _____ Phone # _____

Address _____

Name of Horse _____ Age _____ Breed _____

Trainer _____

Saturday Classes Entered (please circle #'s) 1 2 **\$\$\$** 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

Saturday Trail Classes Entered (please circle #'s) 38 39 40 41* 42* 43* 44* 45* 46* 47

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 37 38 39 40 **\$\$\$41** 42

43 44 45 46 47

Number of Entries	_____	x \$11.00 = \$	_____
Number of \$\$ Payback Classes	_____	x \$15.00 = \$	_____
Trail Classes* (Single Division Points)	_____	x \$11.00 = \$	_____
Trail Classes* (Double Division Points)	_____	x \$16.00 = \$	_____
Office Fee (waived for leadline)	_____	x \$ 5.00 = \$	_____
Year End Award Fee (one time only)	_____	x \$30.00 = \$	_____
		Total Due = \$	_____

Mail entries to:

Nine Pines Horse Club
c/o Sue Maxwell
611 Rear Mansfield St.
Belvidere NJ 07823

Questions call: 908-475-0198

I, _____ hereby release the Gloucester County DREAM Park and Nine Pines Horse Club from any and all responsibility or liability for injury or damage to any exhibitor, rider, employee or entry resulting from or due to the entry and/or the participation in the Nine Pines Open English and Western Pleasure Show, and also release and agree to indemnify the Gloucester County DREAM Park and Nine Pines Horse Club harmless from any claim or suit for injury damage or blame resulting from the transportation, stabling, entry or exhibition of these entries. I have read and understand the above statements.

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