Nine Pines May 2017 Entry Form One Horse/Rider Per Form



Entry # _____

Check# _____

Open Check: Y / N

Name of Rider		Age Phone #	
Address			
Name of Horse		AgeBreed	
Trainer			
18 19 20 21 22 23 24 \$	325 26 27 28 29 \$\$30 31	6 7 8 9 10 11 12 13 14 15 32 33 34 35 \$\$36 37 38 39 40	0 41
\$\$\$42* \$\$43 44 45 46 47	\$\$48 49 50 51 52 \$\$53 54	4 55 56 57 * only done at May sho	
Number of Entries Number of \$\$ Payback Classes Number of \$\$\$ Super W/T/C or W/J/L Office Fee (waived for leadline) Year End Award Fee (one time only)	x \$11.00 = \$ $x $15.00 = $$ $x $20.00 = $$ $x $5.00 = $$ $x $5.00 = $$ $x $30.00 = $$ Total Due = \$	Nine Pines Hot C/o Sue Maxwe 611 Rear Mans Belvidere NJ	ell sfield St.

I, ________hereby release the Warren County Farmers' Fair Association, Inc. 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 Warren County Farmers' Fair Association Nine Pines Open English and Western Pleasure Show, and also release and agree to indemnify the Warren County Farmers' Fair Association, Inc. 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 also agree that no alcoholic beverages are allowed on the Fairgrounds, on my person or in my vehicle. If I am found to be under the influence, I will be escorted off of the fairgrounds. I have read and understand the above statements.

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

Date____