

SCHAGHTICOKE FAIR HORSE SHOW

HUNTER/JUMPER ENTRY FORM

DATE _____

TCRA# _____

SHOW NO. _____

| CLASS NO. | HORSE | HEIGHT | RIDER | AGE | ENTRY FEE |
|-----------|-------|--------|-------|-----|-----------|
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WARM-UP FEE - Number of Horses _____ x \$3.00 = _____

OWNER'S NAME _____

NO. DEPOSITS _____

PARTICIPANT'S SIGNATURE _____

STALLS _____

PARENT/GUARDIAN SIGNATURE _____

TOTAL _____

ADDRESS _____

CITY & STATE _____ ZIP _____

PHONE _____ Date of Birth _____

Email: _____

RELEASE OF LIABILITY

SCHAGHTICOKE FAIR _____

The Rensselaer County Agricultural & Horticultural Society, The Schaghticoke Fair Association will not be responsible for any accident that may occur to, be caused by any horse or pony exhibited at the show or for any article of any kind or nature that may be lost or destroyed or in any way damaged.

Each exhibitor will be responsible for any injury that may be occasioned to any person or animal or damage to any property while on the grounds by any horse owned, exhibited or in his custody or control and shall indemnify and hold harmless The Rensselaer County Agricultural & Horticultural Society, The Schaghticoke Fair Association, its officials and directors individually and collectively, and show manager, from and against all claims, demands, cause of action, costs, charges, and expenses of every kind and nature what so ever arising out of or which may be incurred by reason of any accident, injury or damage to person or property caused by the ownership, exhibition, custody or control of any animal exhibited.

Date: _____

Exhibitor _____

Phone No. _____

Signature _____
(Parent or Guardian of Junior Exhibitor)

Address _____

SCHAGHTICOKE FAIR HORSE SHOW

DRAFT HORSE ENTRY FORM

DATE _____

SHOW NO. _____

| CLASS NO. | | | | | HORSE | HANDLER/DRIVER | SECT. | ENTRY FEE | |
|-----------|--|--|--|--|-------|----------------|-------|-----------|--|
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PARTICIPANT'S SIGNATURE _____ NO. DEPOSITS _____

PARENT/GUARDIAN SIGNATURE _____ STALLS _____

ADDRESS _____ TOTAL _____

CITY & STATE _____ ZIP _____

PHONE _____ Date of Birth _____ Email: _____

RELEASE OF LIABILITY

SCHAGHTICOKE FAIR _____

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Date: _____ Exhibitor _____

Phone No. _____ Signature _____
(Parent or Guardian of Junior Exhibitor)

Address _____

DEPARTMENT A

(FOR CATTLE
EXHIBITORS ONLY)

Rensselaer County Fairs
SCHAGHTICOKE FAIR

Mail to: April Marinello, Assoc. Sec.
69 Stillwater Bridge Road
Schaghticoke, NY 12154
Prior to August 15, 2009

Total # Animals _____
Camping Fee _____

ENTRY BLANK
Separate Sheet for each Department

4-H

1st Time Exhibitor

Name _____

Route or Street _____

Mailing Address _____ ZIP _____

Phone _____ Date of Birth _____ Email: _____ 10% Entry Fee _____

| SECT. | CLASS | NAME OF ANIMAL - BIRTH DATE | AMT. 1st PREMIUM | OFFICE USE ONLY |
|--------------------------|-------|-----------------------------|------------------|-----------------|
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| TOTAL AMOUNT 1st PREMIUM | | | | |

SCHAGHTICOKE FAIR HORSE SHOW

ENTRY FORM

| | |
|--------|--------|
| RIDER: | HORSE: |
|--------|--------|

CLASS NUMBERS:

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Entry Fee Amount \$ _____

Stalls = \$ _____ / Deposit Total = \$ _____

Admission Fee Deduction \$ _____

TOTAL AMOUNT: _____

Age of Rider: _____ Division Entering: _____

Exhibitor's Address: _____

(City/State/Zip): _____

Exhibitor's Phone #: _____

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Exhibitor: _____ **Date:** _____

Signature: _____ **Date:** _____

(Parent or Guardian of Junior Exhibitor)

Address: (if different from exhibitors) **Phone:** (if different) _____
