

BISCUIT HILL FARM HORSE SHOW

55 SHELBURNE CENTER ROAD
SHELBURNE, MA 01370
TEL (413) 625-0019
FAX (413) 625-6975

Exhibitor # _____

NAME OF HORSE	COLOR	SEX	HEIGHT	AGE	AHSA NUMBERS	PONY SIZE	Check if Appropriate:	
					HORSE: RIDER:	Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/>	Junior <input type="checkbox"/> Amateur Older <input type="checkbox"/> Amateur Younger <input type="checkbox"/>	
NAME OF RIDER		CLASSES ENTERED					FEES THIS SECTION	
NAME OF EQUITATION RIDER		EQUITATION RIDER ADDRESS					JR. RIDER'S AGE	
		ADDRESS CITY STATE ZIP						
WNE-PHA #: NEHC#: MHC #:		EQUITATION CLASSES ENTERED					FEES THIS SECTION	

Every entry at a recognized show shall constitute an agreement and affirmation that the person making it, along with the owner, leasee, trainer, manager, agent, coach, driver, rider and the horse: (1) shall be subject to the constitution and rules of the Association and the local rules of the show; (2) that every horse, rider and/or driver is eligible as entered; (3) that the owner and any of his representatives are bound by the constitution and rules of MHC/NEHC and the show and will accept as final the decision of the hearing committee on any question arising under said rules and agree to hold the show, the MHC/NEHC, their officials, directors and employees harmless for any action taken; (4) that the owner, rider/driver and any of their agents or representatives agree to hold the show, the MHC/NEHC, their officials, directors and employees harmless for any injury or loss suffered during or in conjunction with the show, whether or not such injury or loss resulted, directly or indirectly, from the negligent acts or omissions of said officials, directors, employees or agents of the MHC/NEHC or show.

FEES	
TOTAL ENTRY FEES	
MHC FEE	\$1.00
WNE-PHA FEE	\$1.00
POST ENTRY FEE (\$5.00)	
TOTAL AMOUNT DUE	
AMOUNT ENCLOSED	
BALANCE	

Signatures below indicate that each of us has read and understands the above

X _____
Rider's, Driver's, or Handler's Signature
(Parent/Guardian, if under 18, or if not available, Trainer must sign)
Print Name: _____
Street: _____
Town/City: _____
State/Zip: _____
Telephone: _____
Fax: _____
Rider/Driver/ Handler's AHSA #: _____
Social Security #: _____
E-mail: _____

X _____
Trainer's Signature
Print Name: _____
Street: _____
Town/City: _____
State/Zip: _____
Telephone: _____
Fax: _____
Trainer's AHSA #: _____
Social Security #: _____
E-mail: _____

X _____
Owner's or Agent's Signature
Print Name: _____
Street: _____
Town/City: _____
State/Zip: _____
Telephone: _____
Fax: _____
Owner's or Agent's AHSA #: _____
Social Security #: _____
E-mail: _____