

CHECKS TO COVER ALL FEES
ENTRIES CLOSE SEPTEMBER 25, 2008
ENTRY FEES AND STALL FEES MUST ACCOMPANY ENTRY BLANK

10th Annual Carolina Classic Horse Show
Senator Bob Martin Eastern Agricultural Center
Williamston, North Carolina

SHOW DATES: OCTOBER 10-12, 2008
 Joyce Wilson, Show Manager
 Barbara Woodlief, Show Secretary

C	Do Not Use This Space	Name of Horse Class Number Under Name	Color	Sex	Height	Year Foaled	Reg. #	EXHIBITOR (If more than one rider, specify rider and class) (If equitation - give complete address of rider)	Jr. Exhibitor DOB	OWNER		
										Name _____	Street _____	City _____ State _____ Zip _____
										Name _____	Street _____	City _____ State _____ Zip _____
										Name _____	Street _____	City _____ State _____ Zip _____
										Name _____	Street _____	City _____ State _____ Zip _____
										Name _____	Street _____	City _____ State _____ Zip _____

Please stall me with...

TOTAL ENTRY FEES		DO NOT USE THIS SPACE
___ Permanent Stalls @ \$85.00		
___ Early Arrival Stalls per day @ \$15.00		
___ Pre Bed My Stalls @ \$10.00		
___ Grounds Fee (non stabled horses) @ \$25.00		
___ Office Fee - per horse @ \$15.00		
___ Camper Fee - Per Night @ \$30.00		
Arriving _____ Departing _____		
___ Post Entries - per horse @ \$20.00		
___ Red Dot Sale - per horse @ \$15.00		
___ Bag Shavings @ \$ 7.00		
OPEN CHECK POLICY WILL PREVAIL	TOTAL AMOUNT DUE AMOUNT OF CHECK	

MAIL PREMIUM CHECKS TO :

(If you want Premium Checks to go to different owners, you must fill out a separate entry blank for each owner.)

Print Name of Person to Receive Premiums/Refunds _____

Address _____ City _____ State _____ Zip _____

Tel. No. _____ SS # _____

Email _____ Emergency Contact: Name _____ Telephone _____

Will only be used for horse show.

CHECKS TO COVER ALL FEES MUST ACCOMPANY ENTRIES

NO INITIAL BEDDING SUPPLIED

STALLS AVAILABLE FOR OCCUPANCY OCTOBER 8, 2008

Make checks payable mail to:
CAROLINA CLASSIC HORSE SHOW
 c/o Joyce Wilson
 7934 Old Bunch Road
 Zebulon, NC 27597

For Office Use Only

Postal Date _____

Check # _____

Receipt # _____

Amount \$ _____

ENTRY BLANK MUST BE SIGNED ON REVERSE SIDE

Will arrive _____ . Will stay at _____ hotel.

Office Notes

CAROLINA CLASSIC HORSE SHOW • October 10-12, 2008

I AGREE NEITHER THE CAROLINA CLASSIC HORSE SHOW, THE SENATOR BOB MARTIN EASTERN AGRICULTURAL CENTER, THE STATE OF NORTH CAROLINA, NOR THE MANAGEMENT, NOR THE OFFICIALS OF THE SHOW WILL BE RESPONSIBLE FOR ANY ACCIDENT, DAMAGE, LOSS OR INJURY TO MOUNT, OWNER, RIDER OR OTHER PERSONS OR PROPERTY. IT WILL BE THE CONDITION OF ENTRY THAT EACH EXHIBITOR SHALL HOLD THE HORSE SHOW AND ITS MANAGEMENT BLAMELESS FOR ANY LOSS OR ACCIDENT TO ANY ANIMAL, PERSON OR PROPERTY THAT MAY OCCUR FROM SICKNESS, FIRE AND OTHERWISE AT THIS SHOW. UNDER NORTH CAROLINA LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR ANY INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING EXCLUSIVELY FROM THE INHERENT RISKS OF EQUINE ACTIVITIES. CHAPTER 99E OF THE NORTH CAROLINA GENERAL STATUTES.

“ I further agree that if any damage shall be occasioned or loss occur, by fire or otherwise, to the horses exhibited, or to any vehicle or other article that I may send with such horses that I will make no negligence or the persons in charge of such horses and to repay this show, on demand, all damages it may sustain by reason of any claim or demand as aforesaid.”

PLEASE enclose copies of Negative Coggins Test for all horses entered. NEW STATE LAW requires EVERY HORSE ON THE GROUNDS (SHOWING OR NOT SHOWING) TO SHOW A CURRENT NEG TEST IN ORDER TO REMAIN ON THE GROUNDS. EACH HORSE MUST BE OFFICIALLY ENTERED ON AN ENTRY FORM. STALL FEES DUE WITH ENTRY FORM TO GUARANTEE RESERVATION.

X _____
Rider, Driver or Handler Signature (ADULT ONLY)
If minor, parent/guardian
Name _____
Street _____
City _____
State _____ Zip _____
Telephone ()

X _____
Trainer's Signature (ADULT ONLY)
If minor, parent/guardian
Name _____
Street _____
City _____
State _____ Zip _____
Telephone ()

X _____
Owner or Agent's Signature (ADULT ONLY)
If minor, parent/guardian
Name _____
Street _____
City _____
State _____ Zip _____
Telephone ()