

Return to:
 Tri-State Show Secretary
 PO Box 59
 East Killingly, CT 06243
 Make checks payable to TSHA

Note Pre-Entry
POSTMARK
 Date

**2008 TRI-STATE HORSEMEN'S ASSOCIATION
 OPEN HORSE SHOW ENTRY FORM**



Pre-Entries must be **POSTMARKED by the TUESDAY** prior to show date **No** telephone entries.
 Only paid entries will be considered pre-entries. All others will be charged a **\$15.00 post-entry fee.**

Full Name of Horse/Pony (one per entry)	Sheet Size	Color	Sex	Year Foaled	Height	Breed Registry and Registration # (Papers must be attached for breed classes)
OWNER:	Rabies		Coggins		TRAINER:	
Name of Exhibitor (one per entry)	Jacket Size	2008 TSHA MEMBER	Date of Birth	Exhibitor's Home Address: (do not use your trainer's farm address)		
		#	No			

E MAIL: _____ PHONE: _____ FARM NAME (for announcer): _____

Please CIRCLE your class numbers (do not use highlighter) **Regular Classes -- \$12.00** **Classics & Medal \$15.00 (bold & underlined text)**

- Friday Night:** 1 2 3 4 5 6
Saturday: 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 **48** 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77
Saturday Night: 78 79 80 81 82 83 84 85 86 87 88 89 90
Sunday: 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 **115** **116** 117 118 119 120
 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 **149** 150 151
 152 153 154 155 156 157 158 159 160 161 162 163 164 **165** 166 167 168 169 170 171 172 173 174
Trail Classes: 175 176 177 178 179 180 181 182 183

Name of Pro for Am-Pro: _____

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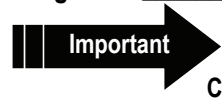
Team Name for Banquet Challenge: _____
 Must fill-in same team name at all 3 shows for the team you are riding for

I hereby enter the above at my own risk, subject to the rules of the TSHA Open Horse Show, and I hereby engage to be responsible for any injuries or damages to or be caused by any animals, vehicles or trappings, or the loss of any animal, vehicle or trappings exhibited by me, and I further agree to be absolutely responsible for the physical condition of any animal under my control or ownership and will also release, indemnify and save harmless the said Horse Show from any damage, expense and/or liability arising out of or resulting from any act or omission of the exhibitor or TSHA, their agents, volunteers, or employees and certify that all of my horses are free from contagious disease. I understand that Drug testing will be conducted at TSHA Open Shows and that the current USEF list of substances, drugs, their limits and terms of use will be the standard used at TSHA Open Shows. I/we further agree to abide by all rules and regulations in effect or later adopted and agree that failure to comply will result in the forfeiture of all entries and expulsion from the show grounds. **MANAGER'S DECISIONS ARE FINAL. NO REFUNDS.**

Class Entry Fees	\$	From circled classes on this form
Tri-State Membership Fee	\$	I - \$25.00 F - \$30.00
TSHA NON-MEMBER Showing Fee \$15.00	\$	\$ 15.00 For NON-MEMBERS of Tri-State Horsemen's Association
Other _____	\$	OFFICE USE ONLY Check# _____ Check# _____ Check# _____ Check# _____ Cash _____ Cash _____
Post Entry Fee \$ 15.00 (if after Wed preceding show)	\$	
Office Fee	\$ 5.00	
TOTAL AMOUNT	\$	

MY SIGNATURE ON THIS ENTRY FORM IS AN AGREEMENT OF THE ABOVE

Exhibitor's Signature _____
 Parent/guardian signature required if exhibitor is 17 years of age or under
 Trainers signing for students are accepting responsibility as the student's guardian
Children 17 & under staying overnight must have adult supervision.



\$25.00 FEE CHARGED ON ALL RETURNED CHECKS **Associate with Entry(s) #**