

Office Use Only								
G&M Member? Yes	No							
Coggins Rabies								
Date received:								

WANCE COUNTY.										-
Rider Name _										_
Address _						Junior DOB		Entry #		П
City _						Julior Dob	-			
State _		Ziŗ			_	Name of Hors	se			_
Telephone _						Name of Owr	ner			
E-mail						Name of Trai	ner			_
nvolved throug from any and a charge said ass thing or conditi	gh horseman Il claims for ociation, its ion, negliger tock and eq	nship activi damage w officers or nce or defa uipment w	ties and I/w hich may od members v ult whatsoe hile attendi	ve hereby recour to me cowith any factors, and I have	elease the Gor my horse fult for any intereby assu	ood and agreed that I/we G&M Riding Club and/or e at anytime hereafter. No injury, loss or damage warme and accept the full red by this organization. As	Orange County Parl Jeither myself, my h hich may be suffer isk and danger of al	k and all officers and neirs, representatives ed by me or them d ny injury or damage	members thereons or dependants where to any manne to myself, family	/ill ^,
Signature of Rider						Signature of Parent/	Guardian			
Signature of Owner					you do not wish G&M to use pictures taken at their events in any advertising including website) please initial here					
,	IN the clas	sses you a	re entering	•	oted, price	curned as stated above. E per class is \$15 for N	1embers or \$20 fo	or Non-Members.		
	T		T				Total Entry Fee's			
							<u> </u>			
							PreEntry Disc.: \$5			
							Office & EMT Fee	\$25.0	0	
							Stall Fees: \$20			
							Membership			
							Total			
				Get You	ır Shine O	n Divisions: \$20 for a	II			
Office Use Or	nly									\neg
Paid	Cash		Paid Che	eck #		Recei	ived by:			
										_

Note: Any and all refunds are made by mail and are subject to a \$15 office fee.

E-mail Pre-Entry form, copy of current coggins and rabies certificate to gandmridingclub@gmail.com or mail to: PO Box 35, Campbell Hall, NY 10916