CVHS Entry Form July 20 & 21

SHOW #

One form per horse/rider combination. Pre-entries must be received by Monday, July 15th

5 p.m. Saturday – Showmanship & In Hand 8 a.m. Sunday – all riding classes.

EQUINE NAME (enter below)	**BREED**	**AGE**	**SEX**
EXHIBITOR NAME (enter below)	**DIVISION(S)**	**AGE**	**BIRTHDATE**
MAILING ADDRESS (enter below)	**CITY**	**STATE**	**ZIP**
EMAIL (enter below)		**PHONE NUMBER**	

Class Fees: Regular Classes $10 ~ Championship Classes $12 ~ Pee Wee/Leadline Classes $8 **$3 POST ENTRY FEE PER CLASS**
Weekend Package: Includes 8 classes (regular or championship), one stall Saturday night, and office/EMT fees. $100 **$30 POST ENTRY FEE**
Packages do not include additional classes/stalls, camper fees, nomination fees, or stall cleaning.

WRITE *REGULAR* CLASS NUMBERS IN BOXES BELOW: **_CHAMPIONSHIP_ CLASS NUMBERS:**

TOTAL CLASS FEES / PACKAGE FEE	**$**
STALL FEE - $25 (included in packages)	**$**
Stall Next To:	
CAMPER FEE – $30 (optional) Attach camper reservation form.	**$**
STALL CLEANING FEE – (optional) If services are available. $10 for 1-2 bags of shavings, $20 for 3+ bags of shavings	**$**
YEAR END AWARD NOMINATION FEE - $10 per division (optional) Attach nomination form.	**$**
OFFICE/EMT FEE - $10 (required) Included in packages.	**$**
TOTAL FEES – Make checks payable to CVHS Payment must accompany entry or post entry fees will be assessed.	**$**

REQUIRED WITH ENTRY:
COPY OF Rabies Vaccination & Coggins Test dated within 1 year
COPY OF Registration Papers (if entering breed classes)
SIGNATURE of Exhibitor/Parent below
Payment via cash, check, PayPal or credit/debit card below

Check #_____**Cash**_____**PayPal**_____

Credit/Debit Card # (AE ~ VI ~ MC ~ DI)

Exp Date	**CVC #**	**Billing Zip Code**

Mail Entries To:
Shelly Edson, PO Box 974, Middlebury, VT 05753
802-363-1997 shellyedson@aol.com
Or enter online at www.champlainclassichorseshows.com

NO ARRIVALS BEFORE 2 P.M. SATURDAY

In consideration of the Champlain Valley Horse Shows allowing my participation in this event, I, on behalf of myself, and my heirs, administrators, personal representatives, assigns and children and spouse, if any, do hereby agree to hold harmless, release and discharge Champlain Valley Horse Shows (CVHS) and Addison County Fair and Field Days (ACFD), which includes its officers, directors, members, agents, representatives, affiliates and insurers, of and from all claims, demands, causes of action and legal liability whether known or unknown, anticipated or unanticipated, due to the ordinary negligence of CVHS or ACFD. I shall not bring any claims, demands, legal actions or causes of action against CVHS or ACFD for any damage or loss due to bodily injury, death or property damage arising out of my participation in this event. Photos taken at CVHS Shows may be used for promotional purposes. *If paying via Credit/Debit card, your signature below authorizes CVHS to charge the card listed on the entry form for all relevant show fees.* **UNDER VERMONT LAW, AN EQUINE ACTIVITY SPONSOR IS NOT LIABLE FOR AN INJURY TO, OR THE DEATH OF, A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES THAT ARE OBVIOUS AND NECESSARY, PURSUANT TO 12 V.S.A. § 1039.**
EXHIBITOR SIGNATURE (Parent/guardian must sign if exhibitor is 18 and under)

Exhibitor/Parent Signature		**Date**	