

Return to:
 Tri-State Open Show Entry
 180 Paine Road
 Pomfret Center, CT 06259
 Make checks payable to TSHA

2019 TRI-STATE HORSEMEN'S ASSOCIATION OPEN HORSE SHOW ENTRY FORM

For office use only. DO NOT WRITE IN THIS BOX.

CIRCLE SHOW DATE: June 7-9 July 19-21 August 16-18

Only paid entries will be considered pre-entries. No phone entries. All others will be charged a \$15.00 post-entry fee.

Full Name of Horse/Pony (one per entry, as on Coggins)	Sheet Size	Color	Sex	Year Foaled	Height	Breed Registry and Registration # (Papers must be attached for breed classes)
Name of Exhibitor (one per entry)	Jacket Size	2019 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 -- \$15.00 Classics and Stakes Classes -- \$20.00 (bold and underlined)

Friday Afternoon: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 **28** 41 42 43 44 45 46 47 48 49 50 51 52 53
 54 55 56 57 58 59 60 61 **62**

Friday Night: 29 30 31 32 33 34 35 36 37 38 39 40

Saturday: 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 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

Saturday Night: **84 85 86 87 88 89 90**

Sunday: 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173
 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203

Name of Additional Rider (For classes 84 and 87 ONLY):

**BLUE OR
BLACK INK
ONLY**

Pre-Entries must be **POSTMARKED** by the **FRIDAY** prior to show date
 (Pre-Entry Postmark Deadlines: May 31st, July 12th, & August 9th)

<p>Every entry at a recognized show shall constitute an agreement and affirmation that the person making it, along with the owner, lessee, trainer, manager, agent, coach, rider, driver, and horse: (1) shall be subject to the Constitution and By-Laws and rules of TSHA 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/her representatives are bound by the Constitution and By-Laws and rules of TSHA and the show shall accept as final decision of the Sanctions Committee on any questions arising under said rules and agree to hold the show, TSHA, their officials, directors, employees, and volunteers harmless for any injury or loss suffered during or in connection 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 volunteers of TSHA or the show. Management reserves the right to decline or refuse any entry without being liable for compensation, and eliminate from further competition any exhibitor or horse should the best interest of the show be served. Every exhibitor or his/her agent and trainer must sign the entry blank. In the event of his/her failure to do so, his/her first entrance into the ring as an exhibitor shall be construed as acceptance of the rules of the show involved and of the TSHA and shall, by that action, render him/her subject to said rules. TSHA has my permission to use my image to promote TSHA.</p> <p>Exhibitor's Signature _____ Print _____</p> <p>Parent/guardian signature required if exhibitor is less than 17 years of age. Trainers are accepting responsibility as the student's guardian by signing this form.</p> <p>Children 17 & under staying overnight must have adult supervision.</p>	Class Entry Fees	\$	From circled classes on this form		
	HAUL-IN FEE \$20.00/day (For ALL horses not stabled)	\$	Coggins	Rabies	
	Other _____	\$	NON- MEMBER SHOWING FEE \$25.00		
	Post Entry Fee \$ 15.00 (if after Friday preceding show)	\$	OFFICE USE ONLY		
	OFFICE FEE	\$ 15.00	Check# _____	_____	
	Credit/Debit Card Processing Fee (5% of sub-total)	\$	Check# _____	_____	
TOTAL AMOUNT	\$	Cash _____	_____		
		Cash _____	_____		



\$35.00 FEE CHARGED ON ALL RETURNED CHECKS

Postmark Date:

Associate with Entry(s) #