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| **Kane Kountry Farm SeaCoast Classic**  **Profits to be donated to SeaCoast Pony Club**  **August 9th, 2020**  **Kane Kountry Farm**  **79 Burnham Rd.**  **Scarborough, Maine 04074**  **\*\*Make checks payable to Kane Kountry Farm\*\***  **Proof of current negative coggins and rabies vaccination required** | **Exhibitor #\_\_\_\_\_\_\_\_\_\_**  **Mail or email entries to:**  **Samantha Beckwith**  **1542 Long Plains Rd.**  **Buxton, Maine 04093**  **Phone: (207) 615-8389**  **sbeckwith@une.edu** |

**ONLY ONE HORSE/PONY RIDER COMBINATION PER ENTRY FORM *PRE-ENTRIES DUE BY MONDAY, AUGUST 3, 2020***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Horse/Pony:** | | | | | **Pony Height:** | | **Trainer or Barn Name:** | | | | | | | |
|  | | | | |  | |  | | | | | | | |
| **Rider Name:** | | | | | | | | | | | | **Jr. Age (as of 12/1/2019):** | | |
| **Class #** |  |  |  |  | |  | |  |  |  |  |  |  |  |
| **Class Fee** |  |  |  |  | |  | |  |  |  |  |  |  |  |

**Entry Fees: Regular Classes $15; Stake, Championship & Medal Classes $20; Un-Judged Warm-Up $10; MHA Fee $4; Post Entry Fee $15**

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| Every entry at an affiliated show shall constitute an agreement and affirmation that the person making it, along with the owner, lessee, trainer, manager, agent, coach, driver, rider, and the horse: (1) shall be subject to the Bylaws and the Rules of the Maine Hunter/Jumper Association (MeHJA), MHA, 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 representatives are bound by the Bylaws and the Rules of the Association(s) and the Show and will accept as final the decision of the MHA, Inc, MeHJA or Committees thereof on any question arising under said rules and agree to hold the show, the MHA Inc., MeHJA and Kane Kountry Farm and agents harmless for any action taken; (4) that the owner, rider/driver and any of their agents or representatives agree to hold the Show, the MHA Inc., MeHJA and their officials, directors, employees and agents 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 agents of Show. The constitution or application of Maine Horse Association, Inc., MEHJA rules is governed by the Laws of the State of Maine”. 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. | **Total Entry Fees:** |  |
| **Post Entry Fee ($15):** |  |
| **Warm-Up Fee ($10):** |  |
| **MHA Fee ($4):** | $4.00 |
| **Number Fee ($1):** | $1.00 |
| **Total Due:** |  |
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| **RIDER**  **(Parent/Guardian if under 18)**  X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  e-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **TRAINER**  X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  e-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **OWNER**  **(Parent/Guardian if under 18)**  X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  e-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Secretary Use Only:**  Coggins: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Rabies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Rhino: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Amt Due: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Amt Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Check #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Parent/Guardian Signature if under 18: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |