## Kane Kountry Farm Seacoast Classic Profits to be donated to Seacoast Pony Club August 4th, 2019 **Kane Kountry Farm** 79 Burnham Rd., Scarborough, ME 04074

\*\*Make checks payable to Kane Kountry Farm\*\*

Proof of current negative coggins and rabies vaccination required.

Exhibitor #						
Mail or email entries to	):					
	Nancy House					
	11 Wildrose Ln.					
Scarborough, ME 04074						
	Phone: (207) 939-3135					
	nhouse700@gmail.com					

		ONLY ONE HO	ORSE/PONY AI	ND RIDER COME	SINATION PER EN	IRY FORIVI					
NAME OF HORSE/PONY		PONY HEIGHT		TRAINER OR BAF	TRAINER OR BARN NAME						
RIDER NAME						JR. A	GE (as of 12/1,	/2018)			
CLASS #											
CLASS FEE											
Entry Fees: Regular Classes \$15, St	take, Char	npionship & Medal Classes \$	20, Un-judged	Warm-up \$10,	MHA Fee \$4, Post	t Entry \$15.					
*Every entry at an affiliated show shall lessee, trainer, manager, agent, coach,		•	•			•	Total Entry Fee	es			
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					Post Entry Fee (\$15)						
Show and will accept as final the decis and agree to hold the show, the MHA owner, rider/driver and any of their ag	Inc., MeHJ	A and Kane Kountry Farm and ag	ents harmless fo	or any action take	n; (4) that the	W	/arm-up Fee (\$	10)			
directors, employees and agents harm such injury or loss resulted, directly or	nless for any indirectly,	rinjury or loss suffered during or from the negligent acts or omiss	in connection with the con	vith the Show, wh cials, directors, en	ether or not nployees or		MHA Fee (\$4)	)			
agents of Show. The constitution or ap of Maine". Management reserves the	right to dec	cline or refuse any entry without	being liable for	•		1	Number Fee (\$	1)			
from further competition any exhibitor	or or norse s	snould the best interest of the Sn	low be served.				Total Due				
RIDER (Parent/Guardian if under 18)		TRAINER		OWNER (Parent/Guardian if und		L8)	Secretary Use Only:				
X		X		X		Coggins:					
Print Name		Print Name		Print Name			Rabies:				
Street		Street		Street		Rhino:					
City/State/Zip		City/State/Zip		City/State/Zip			Amt Due:				
Phone		Phone		Phone			Amt Paid:				
e-mail:		e-mail:		e-mail:	o mail:		Check #:				