

October 12th & 13th, 2008
Fall Alternative Horsemanship Meet
Entry Form
 (One form per horse/handler team)

Official use
Date received:

/ /

Entry #

Rider/Handler:	Jr	Sr	DOB	/	/
Address:	Town:	State:	Zip:		
Phone:	E-mail:				
Farm:	Circle one :	AAPH member	Non-member		
Horse:					
Breed :	Height:	Color:	Sex:	Age:	
Pot luck Food Donation:					
Circle Fun Classes Entered:					
\$10 per class or \$5 for AAPH members					
1	2	3	4	5	6
7	8	Fee: \$			
Circle Category of Progression: \$30 or \$15 for AAPH member					Fee: \$
Groundwork 1	Environmental Tolerance 1	Mounted & Moving 1	Riding 1		
Mini Wilderness Challenge: \$5		Unmounted	Mounted	Fee: \$	
Sunday Extreme Trail courses: \$20		Unmounted	Mounted	Fee: \$	
Schooling only: \$15 per day per horse or \$20 for both days				Fee: \$	
Stabling: \$20 pasture \$50 stall (limited availability) ½ price for AAPH members.				Fee: \$	
					Total Fees: \$

Mail Pre-entries in by 10/6/08.

*** If entering in any Category of Progressions please pre-enter for scheduling purposes.*

- 1). Include a fully filled in entry form, one per horse with entry fees
- 2). Current Neg. Coggins per horse (dated within 12 months)
- 3). Checks payable to Spring Willow Farm

Mail to:
Alternative Horsemanship Meet
c/o Lorna Palmer
18 Blackstone Street
Mendon Ma 01756

Release

I hereby attend this event at my own risk, subject to the rules of the American Association for the Progression of Horsemanship and Spring Willow Farm. I hereby engage to be responsible for any injury or damages that may occur to, or be caused by any animals, vehicles or trappings, or the loss of any animal, vehicle, or trappings belonging to or exhibited by me. I further agree to be absolutely responsible for the physical condition of any animal under my control or ownership and will also release, indemnify and save harmless the said competition, its show management, and Spring Willow Farm and its owners (David and Lorna Palmer) from any damage, expense and/or liability arising out of or resulting from any act or omission of the exhibitor, American Association for the Progression of Horsemanship and Spring Willow Farm or their agents, servants or employees. I certify that all my horse(s) are free from contagious disease.

I have read and agree to all the Rules and Regulations of this event.

Exhibitor Signature (Parent or Guardian if under 18)

Date