

AMERICAN CONNEMARA PONY SOCIETY REGION 1 BREED SHOW
SOUTH WOODSTOCK,VT JULY 20/21 2024

Each rider/pony team requires a separate entry form.

Name of party responsible for entry: _____

Mailing Address: _____

Home phone: _____

Cell Phone: _____

Email: _____

Pony Registered Name: _____

Breed: _____

Rider/Handler: _____

Owner: _____

Jr/Sr: _____

Classes by Number: _____

For Sale?: _____

Copy of 2024 Coggins and Rabies certificate and ACPS registration required for each pony entered. State of Vermont requires Certificate of Veterinary Inspection within 30 days or exhibition permit.

PLEASE SIGN BOTH ACPS AND GMHA RELEASE

Show Secretary: Christina Keim, 111 Strafford Rd, Rochester, NH 03867
christinakeimequestrian@gmail.com

	Quantity	Dollar amount
In hand classes \$15/each		
Performance classes \$20 each		
Stalls GMHA member \$35/night (free for ponies 3 and under)		
Stalls non member \$50/night (free for ponies 3 and under)		
Tack stall GMHA member \$35/night		
Tack stall non member \$50/night		
Shavings \$11/bag		
Friday Pizza \$10/person		
Saturday Dinner free but reservations required		
Office Fee \$20		
Post entry fee (after July 10 \$25		
Total Owed		

The Region I Connemara Show is an Equine Activity conducted in accordance with the State of Vermont pursuant to 12 VSAS@1039. Horses, ponies and other equines are intrinsically dangerous and unpredictable animals. There are conditions that are an integral part of equine activities including but not limited to (i) the propensity of equines to behave in a manner that may cause injury harm or death to persons on or around them (ii)the unpredictability of an equines reaction to such things such as sound, sudden movement and unfamiliar objects, persons or other animals (iii) certain hazards such as surface and subsurface conditions (iv) collision with other animals or objects and (v) the potential of a participant acting in a negligent manner that may contribute to injury to the participant or others such as failing to maintain control over the equine or not actin within the participants ability. I acknowledge an accept the limitations imposed upon me by the Act and waive any right to suit against the ACPS or ACPS Region I.

Owner/Agent _____ (signed & dated)

_____ **Pony's Name**

_____ **(printed)**

Rider (or parent/guardian if minor):

_____ **(signed & dated)**

_____ **(printed)**