



# NEW YORK STATE HORSE COUNCIL 50<sup>th</sup> ANNUAL FALL PLEASURE RIDE

## BROOKFIELD, NEW YORK, OCTOBER 5<sup>th</sup> THRU 8<sup>th</sup>, 2018

You may Register Online @ [www.rsvpbook.com/NYSHCFallRide18](http://www.rsvpbook.com/NYSHCFallRide18)

### REGISTRATION FORM

**REGISTRATION:** Two Adults (18&up) and Children (17&under) per Registration Form. Children age 12 and under are free, but must be listed on this form. Registration postal mail receipt deadline date is 9/20/18. After this date, we cannot guarantee availability. Current Rabies and Coggins CERTIFICATE for each horse, MUST be presented at registration on day of arrival. Also, a current Rabies Certificate for each dog (*Dogs need to remain on leash at all times*). **CANCELLATION POLICY:** You must contact Kristin Bennett either by phone or written notice no later than 9/20/2018. Cancellation Fee of \$15.00 for each Rider and \$5.00 for each Non-Rider (not applicable to children age 12 & under) will be deducted from your total registration fee. Absolutely No refunds will be given after 9/21/2018.

Office Use Only: REG # \_\_\_\_\_

Date received: \_\_\_\_/\_\_\_\_/2018

Confirmation Sent: \_\_\_\_/\_\_\_\_/2018

E-Mail: \_\_\_\_\_ Other: \_\_\_\_\_

Confirmation will be sent to E-Mail provided. If you do not have email, write Postal Mail Confirmation in the E-Mail box. If you do not receive a confirmation before deadline date, please call Kristin @ 518-788-7469.

<b>1. Last Name:</b>	<b>First Name:</b>
<b>2. Last Name:</b>	<b>First Name:</b>

**Children's Name and Age: (under 18 yrs of age):**

**Home Address:**

<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>E-Mail:</b>
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<b>Home Phone #:</b>	<b>Cell Phone:</b>
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<b>ENTRY FEE: ONE or TWO ADULTS and CHILDREN (under 18 yrs of age) per registration form</b>	<b>Entry Fee</b>	<b>\$ each row ↓</b>
<b>NYSHC MEMBER DISCOUNT ID # _____ REQUIRED</b> (Individual, Family, Life <u>Circle One</u> ) <b>Fee - \$20.00 per person</b> Your ID is on your Membership Card. If you don't know it, please E-mail request via <a href="mailto:Membership@nyshc.org">Membership@nyshc.org</a> for you ID#.	_____ x \$20.00 =	\$ _____
<b>Non-Member Fee - \$40.00 per person</b>	_____ x \$40.00 =	\$ _____
<b>Non-Member, Non Rider Fee - \$10.00 per person</b> <i>Not riding, visiting, participating, volunteering, you still need to be accounted for</i>	_____ x \$10.00 =	\$ _____
<b>* What date will you arrive? ____/____/2018 What time will you arrive? _____ AM _____ PM</b>	<b>TOTAL \$ ENTRY:</b>	<b>\$ _____</b>

<b>STABLING FEE:</b> <i>Set up your own stall for no charge. Limited Stalls sell out quickly. 1 Stall limit per registrant</i>	<b>Stall Fee</b>	<b>\$ each row ↓</b>
<b>Box Stall in Barn #1 &amp; Barn #2 for Fri/Sat/Sunday - \$40.00 per box stall (SOLD OUT)</b>	_____ x \$40.00 =	\$ NA
<b>Box Stall in Barn #3 for Fri/Sat/Sunday - \$30.00 per box stall. (SOLD OUT)</b>	_____ x \$30.00 =	\$ NA
<b>* Put me on the wait list for first available stall: _____</b>		

<b>HOOKUP FEES:</b> <i>Camping included. Hookup Fees extra.</i>	Th ↓	Fri ↓	Sat ↓	Sun ↓	<b>Hookup Fee</b>	<b>\$ each row ↓</b>
<b>Electric Hookup Fee per Camper / RV - \$15.00 per night</b>					_____ x \$15.00 =	\$ _____
<b>Sewage Hookup / Dumping Fee per Camper/ RV - \$10.00 per night</b>					_____ x \$10.00 =	\$ _____
					<b>TOTAL \$ HOOKUP:</b>	<b>\$ _____</b>

**\*No outside food/beverage may be brought into the Dining Hall due to NYS Health Regulations**

<b>MEAL FEES:</b> <i>(All meals are served and/or picked up @ Whitford Dining Hall)</i>	Fri ↓	Sat ↓	Sun ↓	Mon ↓	<b>Meal Fee</b>	<b>\$ each row ↓</b>
<b>Breakfast served 7-10am - \$10.00 per person</b>					_____ x \$10.00 =	\$ _____
<b>Bag Lunch pick up between 7-10am - \$10.00 per person</b>					_____ x \$10.00 =	\$ _____
<b>Friday Fish Fry or Lasagna <u>Circle One</u> served @6pm - \$17.00 per person</b>					_____ x \$17.00 =	\$ _____
<b>Saturday Ham &amp; Turkey Dinner served @6pm - \$17.00 per person</b>					_____ x \$17.00 =	\$ _____
<b>Sunday Chicken Barbecue Dinner served @6pm - \$17.00 per person</b>					_____ x \$17.00 =	\$ _____
					<b>TOTAL \$ MEALS:</b>	<b>\$ _____</b>

<b>Check # or Money Order # _____</b>	<b>( Payable to NYSHC)</b>	<b>TOTAL \$ ENCLOSED: \$ _____</b>
<b>TOTAL # ENTRIES REGISTERED: # _____</b>		

I HEREBY enter the New York State Pleasure Trail Ride, sponsored by the New York State Horse Council in cooperation with the New York State Depart. Of Environmental Conservation, at my own risk, and agree to be subject to all the rules and regulations of the Pleasure Trail Ride, the NYSHC, DEC, and the Madison County Fairgrounds and Committee. I further agree that in the event of any damage to occasioned or loss incurred to any horses(s) entered, or to any vehicle or any article, I may send with said horse(s), that I will make no claim against the New York State Pleasure Trail Ride, the Committee, or aforesaid organizations. I further agree to indemnify and to hold harmless the aforementioned for any and all claims, demands, suits and expenses arising out of any injury to any person or damage to any property caused by my horses(s), family, attendant(s), agent, or myself, and I agree to pay ALL liquidation fees for animals which I bring to the Ride that are suffering from contagious or infectious disease. **NYS LAW REQUIRES all riders under age 18 to wear ASTM/SEI safety helmets. NYSHC RECOMMENDS ALL RIDERS WEAR HELMETS.**

<b>Registrants Signature: _____</b>	<b>Signature Date: ____/____/2018</b>
<b>Signature of Guardian (under 18 yrs of age): _____</b>	<b>Signature Date: ____/____/2018</b>
<b>In case of emergency please contact: _____</b>	<b>Phone/Cell: _____</b>

I'VE ENCLOSED the following  
 \_\_\_\_\_ Original or Copy of this Registration Form  
 \_\_\_\_\_ Check or Money Order

PLEASE CALL or EMAIL if you are planning to come Thursday  
 Thursday Fee: Stall \$10, Hookup \$15, Sewage \$10

**Mail Registration to:**  
 Kristin Bennett  
 NYSHC Brookfield Registration  
 56 Lakeshore Drive  
 Averill Park, NY 12018

**Registration Questions or Inquiries:**  
 Kristin Bennett  
 (518)788-7469  
[fallride@nyshc.org](mailto:fallride@nyshc.org)