



NEW YORK STATE HORSE COUNCIL 51th ANNUAL FALL PLEASURE RIDE

BROOKFIELD, NEW YORK, OCTOBER 11th THRU 14th, 2019

You may Register Online @ www.rsvpbook.com/nyshcfallride19

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 **9/20/19**. 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*). **REFUND POLICY: Absolutely no refunds will be given after 9/20/2019.** A refund fee of \$25 per registration form will be deducted for refunds for any item sold on this form.

Office Use Only: REG #	
Date received:	___/___/2019
Confirmation Sent:	___/___/2019
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.	

1. Last Name:		First Name:	
2. Last Name:		First Name:	
Children's Name and Age: (under 18 yrs of age):			
Home Address:			
City:	State:	Zip:	E-Mail:
Home Phone #:		Cell Phone:	

ENTRY FEE: ONE or TWO ADULTS and CHILDREN (under 18 yrs of age) per registration form	Entry Fee	\$ each row ↓
NYSHC MEMBER DISCOUNT ID # _____ REQUIRED (Individual, Family, Life <u>Circle One</u>) Fee - \$20.00 per person <small>Your ID is on your Membership Card. If you don't know it, please E-mail request via Membership@nyshc.org for you ID#.</small>	___ x \$20.00 =	\$
Non-Member Fee - \$40.00 per person	___ x \$40.00 =	\$
Non-Member, Non-Rider Fee - \$10.00 per person <small>Not riding, visiting, participating, volunteering, you still need to be accounted for</small>	___ x \$10.00 =	\$
* What date will you arrive? ___/___/2019 What time will you arrive? ___ AM ___ PM	Total \$ Registration	\$

STABLING FEE: Bring your own hay, sawdust is provided. 1 Stall limit per registrant	Stall Fee	\$ each row ↓
Box Stall in Barn #1 & Barn #8 for Fri/Sat/Sunday - \$40.00 per box stall	___ x \$40.00 =	\$
Box Stall in Barn #3 for Fri/Sat/Sunday - \$30.00 per box stall	___ x \$30.00 =	\$
* I would like to be stabled next to Person: _____	TOTAL \$ STABLING:	\$

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

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

MEAL FEES: NYSHC sells meals by preorder until 9/20/19.	Fri ↓	Sat ↓	Sun ↓	Mon ↓	Meal Fee	\$ each row ↓
Breakfast served 7-10am - \$11.00 per person					___ x \$11.00=	\$
Friday Fish Fry or Lasagna <u>Circle One</u> served @6pm - \$17.00 per person					___ x \$17.00 =	\$
Saturday Ham & Turkey Dinner served @6pm - \$17.00 per person					___ x \$17.00 =	\$
Sunday Chicken Barbecue Dinner served @6pm - \$17.00 per person					___ x \$17.00 =	\$
					TOTAL \$ MEALS:	\$

Check # or Money Order #	(Payable to NYSHC)	TOTAL \$ ENCLOSED:	\$
		TOTAL # ENTRIES REGISTERED:	#

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.**

Registrants Signature: _____	Signature Date: ___/___/2019
Signature of Guardian (under 18 yrs of age): _____	Signature Date: ___/___/2019
In case of emergency please contact: _____	Phone/Cell: _____

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

Returned checks are subject to \$25 fee.

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