



**NYSHC 52th ANNUAL FALL PLEASURE RIDE, OCTOBER 8th THRU 11th, 2021
 Madison County Fairgrounds, 1968 Fairground Road, Brookfield, NY 13314
PRINTABLE REGISTRATION FORM**

*You must be registered, accommodated and accounted for whether you are attending one or all days at this event. Registration postal mail receipt deadline date is **9/30/21**. 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 9/30/21 (unless cancelled by NYSHC, MADISON CTY. DEC OR FAIRGROUNDS)** A refund fee of \$25 per registration form will be charged and deducted for any item sold on this form. This event officially starts Friday and ends Monday.*

Office Use Only: REG # _____	
Date received:	____/____/2021
Confirmation Sent:	____/____/2021
E-Mail: _____	Postal Mail: _____
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 Susan 585 230-3720	

ARRIVAL DAY, DATE and APPROX. TIME: early arrivals or other* will be responsible to pay fees accordingly*

DAY: _____	DATE: ____/____/2021	APPROXIMATE TIME: _____	Am / pm
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REGISTRATION: One Registration Form per One or Two Adults (18+) w/Children (under 18 yrs. of age) residing at same address:

1st Adult Last Name: _____ First Name: _____

2nd Adult Last Name: _____ First Name: _____

Children's Name & Age Under 18 yrs. of age: _____

Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Home Phone: _____ Cell Phone: _____

REGISTRATION FEE: NYSHC offers discount if you are a **current** NYSHC member (will be verified)

NYSHC current 2021 Member: Yes: _____ No: _____ \$20.00 per person. (Children under 18 yrs. of age Free)	x \$20.00 =	
NON-Member: \$45.00 per person. (Children under 18 yrs. of age Free)	x \$45.00 =	
Non-Rider, Guest, Volunteer, Visitor: MUST BE REGISTERED, accounted for. \$10.00 per person. (Children under 18 yrs. of age Free)	x \$10.00 =	
TOTAL \$ REGISTRATION	\$	

STABLING:

Box Stall (Barns 1 and 2). \$45.00 per Box Stall for Friday/Saturday/Sunday (early arrival additional fee \$15/day)	x \$45.00 =	
Barn 3 open stall \$35.00 per Box Stall for Friday/Saturday/Sunday (early arrival add'l fee \$15/day)	x \$30.00 =	
I would like to be stabled next to Person: _____		
TOTAL \$ STABLING	\$	

HOOKUP:

Electric Hookup per Camper / RV. \$15.00 per Day.	x \$15.00 =	
Sewage Hookup per Camper / RV. \$10.00 per Day.	x \$10.00 =	
TOTAL \$ HOOKUP	\$	

MEALS:

Breakfast: Order what you like, includes beverage. Served between 7-10am. \$12.00 per person.	x 12.00 =	
Dinners below: Main Meal include side dish, beverage and dessert.		
Friday: Fish Fry, Served 6 to 8 pm. \$18.00 per person.	x 18.00 =	
Friday: Lasagna, Served 6 to 8 pm. \$18.00 per person.	x 18.00 =	
Saturday: Ham and Turkey, Served at 6pm. \$18.00 per person.	x 18.00 =	
Sunday: Chicken BBQ, Served at 6pm. \$18.00 per person.	\$ 18.00 =	
TOTAL \$ MEALS		
Check or Money Order # (payable to NYSHC): _____	TOTAL \$ ENCLOSED	

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 Dept. 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 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.**

One Adult Registrant Signature: _____	Date: ____/____/2021
Signature of Guardian (under 18 yrs. of age) _____	Date: ____/____/2021
In case of emergency contact: _____	Phone # _____

I'VE ENCLOSED the following
 _____ Original or Copy of this Registration Form
 _____ Check or Money Order
Returned checks are subject to \$25 fee after deadline.
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Mail Printable Registration Form along w/Check Payable to NYSHC to:
 Susan Knauer
 NYSHC Brookfield Registration
 786 E. River Rd.
 Rochester NY 14623

Questions?
 Susan Knauer
 585 230-3720
 fallride@nyshc.org