



NYSHC 53rd ANNUAL FALL PLEASURE RIDE, FRIDAY OCT. 7, 2022 -- MONDAY OCT. 10, 2022
Madison County Fairgrounds, 1968 Fairground Road, Brookfield, NY 13314
PRINTABLE REGISTRATION FORM

6/16/22his event is sponsored by the NEW YORK STATE HORSE COUNCIL which officially starts Friday Oct. 7th at 9:00am and ends Monday, Oct. 10th at 2:00pm. You MUST be registered at the Madison County Fairgrounds to participate at this weekend event. OPEN Postal Mail Registration Date: **6/18/22**. CLOSED Postal Mail Registration Deadline Date: **9/17/22**. After this date, we cannot guarantee availability. Current Rabies Certificate for horse or dog along with Coggins Certificate for horse must be presented upon arrival at registration. Cancellation notices received prior to 9/17/22 will receive full refund minus \$35.00 processing fee. Cancellations after 9/17/22 are non-refundable. **COVID Safety: Face masks are optional when outdoors or indoors. Please consider COVID Safety Measures at your discretion. Sanitizer and Face Masks will be provided onsite.**

Office Use Only
REGISTRATION #: _____
BARN #: _____ **STALL#:** _____, _____, _____
Date Received: ____/____/2022
Paid in Full: \$ _____ **Date Pd:** ____/____/2022
Amount Due: \$ _____ **Date Pd:** ____/____/2022

YOUR ARRIVAL DAY: _____ **DATE:** ____/____/2022 **YOUR APPROXIMATE TIME:** _____ **AM / PM**

REGISTRATION TYPE: One Registration Form per Single or Family (Two Adults 18+ yrs. of age, w/ or w/o Children under 12yrs) residing at the same address.

Single (One Adult 18+yrs)	Family (Two Adults (18+) w/ or w/o Children under 12yrs. residing at the same address)
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REGISTRATION INFORMATION:

1 st Adult Last Name:		First Name:	
2 nd Adult Last Name:		First Name:	
Child's Name:	Age:	Child's Name:	Age:
Home Address:			
City:		State:	Zip Code:
Home Phone:	Cell Phone:	Email:	

REGISTRATION FEE: <i>NYSHC discount to current 2022 NYSHC Member. Children under 12 yrs. of age are FREE.</i>	#	FEES	TOTALS
NYSHC-Member Rider: Current 2022 Member. ID #: _____ \$23.00 per person.		x \$23.00	
NON-Member Rider: \$46.00 per person.		x \$46.00	
Non Rider: Guest/Volunteer/Other: The Fairgrounds is not selling meals onsite or to the general public. Meals are only available for NYSHC-Member, Non-Member, Non-Rider registrants. \$12.00 per person.		x \$12.00	
TOTAL \$ REGISTRATION:			\$

ELECTRIC HOOKUP FEE:

Thursday, "Early Arrival" after 10am Electric Hookup per RV/Camper. \$16.00. Office, Meals, Dining Hall closed until Friday which is Opening Day.		x \$16.00	
Electric Hookup per RV/Camper ___ Friday ___ Saturday ___ Sunday, \$16.00 per night.		x \$16.00	
Electric Hookup per Rustic Camper ___ Friday ___ Saturday ___ Sunday. \$16.00 per night.		x \$16.00	
TOTAL \$ ELECTRIC HOOKUP:			\$

SEWAGE HOOKUP FEE:

Thursday, "Early Arrival" after 10am Sewage Hookup per RV/Camper. \$11.00. Office, Meals, Dining Hall closed until Friday which is Opening Day.		x \$11.00	
Sewage Hookup per RV/Camper ___ Friday ___ Saturday ___ Sunday. \$11.00 per night.		x \$11.00	
TOTAL \$ SEWAGE HOOKUP:			\$

RUSTIC SITE: without electric or sewage, designated open field behind barns, bring your own horse corral. No charge.		x \$00.00	
TOTAL \$ ELECTRIC / SEWAGE HOOKUP:			\$

STABLING: Stalls are assigned 1st come 1st serve, according to date received.

Thursday, "Early Arrival" after 10am for Barn #1 or Barn #2. \$21.00 per horse. Meals, Dining Hall closed until Friday which is Opening Day.		x \$21.00	
Box Stall for Barn #1 or Barn #2, Friday/Saturday/Sunday. \$63.00 per horse for three nights		x \$63.00	
Thursday, "Early Arrival" after 10am Open Stall for Barn #3. \$16.00 per horse. Meals, Dining Hall closed until Friday which is Opening Day.		x \$16.00	
Open Stall for Barn #3, Friday/Saturday/Sunday. \$48.00 per horse for three nights.		x \$48.00	
I would like to be stabled in Barn # _____ or next to (if possible): _____			
TOTAL \$ STABLING:			\$

MEALS: All meals must be ordered in advance. The Fairground is not planning on selling meals onsite this year or to the general public. You must register and purchase meals before 9/17. Meal tickets are only available for registered participants. This is a new policy from the Fairgrounds due to supply chain issues.

Breakfast: _____ Saturday, _____ Sunday, _____ Monday. Order what you'd like, includes beverage. Served 7-10am. \$13.00 per person.		x \$13.00	
Friday: _____ Fish Fry or _____ Lasagna, Includes side dish, beverage & dessert. Served 6pm. \$19.00 per person.		x \$19.00	
Saturday: Ham and Turkey, includes side dish, beverage & dessert. Served 6pm. \$19.00 per person.		x \$19.00	
Sunday: Chicken BBQ, includes side dish, beverage & dessert. Served 6pm. \$19.00 per person.		x \$19.00	
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 Department 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 Fall 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. New York State Law REQUIRES all riders under age 18 to wear ASTM/SEI safety helmets. **NYSHC RECOMMENDS ALL RIDERS TO WEAR HELMETS. Thank you.**

One Adult Registrant Signature: _____	Date: ____/____/2022
Signature of Guardian for under 12 yrs. of age: _____	Date: ____/____/2022
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.*)

Mail Printable Registration Form along w/Check Payable to NYSHC
Postal Mail To:
 Paula Chiazza, NYSHC Brookfield Registration
 898 Ridge Rd., Lot #52, Webster, NY 14580

Questions?
 Paula Chiazza
 (585) 953-2226
fallride@nyshc.org