



NYSHC 54th ANNUAL FALL PLEASURE RIDE, FRIDAY OCT. 6, 2023 -- MONDAY OCT. 9, 2023
Madison County Fairgrounds, 1968 Fairground Road, Brookfield, NY 13314

PRINTABLE REGISTRATION FORM

This event is sponsored by the NEW YORK STATE HORSE COUNCIL which officially starts Friday Oct. 6th at 9:00am and ends Monday, Oct. 9th at 2:00pm. You MUST be registered at the Madison County Fairgrounds to participate at this weekend event. OPEN Online Registration Date: **6/20/23**, CLOSED Online Registration Deadline Date: **9/17/23**. 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. *COVID Safety Measures are at your own discretion.*

Office Use Only

REGISTRATION #: _____
 BARN #: _____ STALL#: _____, _____, _____
 Date Received: ____/____/2023
 Paid in Full: \$ _____ Date Pd: ____/____/2023
 Amount Due: \$ _____ Date Pd: ____/____/2023

YOUR ARRIVAL DAY: _____ **DATE:** ____/____/2023 **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.

<input type="checkbox"/> Single (One Adult 18+yrs)	<input type="checkbox"/> 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: NYSHC discount to **current** 2023 NYSHC Member. Children under 12 yrs. of age are **FREE**.

	#	FEES	TOTALS
NYSHC-Member Rider: Current 2023 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. Meal tickets are only available for registered participants. \$12.00 per person.		x \$12.00	
TOTAL \$ REGISTRATION:			\$

ELECTRIC HOOKUP FEE:

Thursday, "Early Arrival" after 10am Electric Hookup per RV/Camper. \$20.00. Office, Meals, Dining Hall closed until Friday which is Opening Day.		x \$20.00	
Electric Hookup per RV/Camper ___ Friday ___ Saturday ___ Sunday, \$20.00 per night.		x \$20.00	
Electric Hookup per Tent/Dry Camper ___ Friday ___ Saturday ___ Sunday, \$20.00 per night.		x \$20.00	
PAID HOOKUP FORM MUST BE ON DASHBOARD OF VEHICLE			
TOTAL \$ ELECTRIC HOOKUP:			\$

SEWAGE HOOKUP FEE:

Thursday, "Early Arrival" after 10am Sewage Hookup or dump per RV/Camper. \$15.00 to dump on the day you leave. If using the sewage hookup for the entire weekend, the fee is \$60.00. Office, Meals, Dining Hall closed until Friday which is Opening Day.		x \$15.00	
Sewage Hookup per RV/Camper ___ Friday ___ Saturday ___ Sunday, \$15.00 per night.		x \$15.00	
PAID HOOKUP FORM MUST BE ON DASHBOARD OF VEHICLE			
TOTAL \$ SEWAGE HOOKUP:			\$

RUSTIC SITE: Free dry camping with registration. NO electric and NO dumping allowed. Office, Meals, Dining Hall closed until Friday which is Opening Day.

		x \$0	
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 (Person's name if available): _____	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:** ____/____/2023
Signature of Guardian for under 12 yrs. of age: _____ **Date:** ____/____/2023
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:
 Cathy Floetke
 14 Schumann Rd.
 Averill Park, NY 12018-3307

Questions?
 Cathy Floetke
 (352) 207-9501
fallride@nyshc.org