

Western Frontier Horse Show

The Dutchess County Fair Horse Show
 Saturday, August 26, 2017
 Dutchess County Fairgrounds
 Rhinebeck, New York 12572

PRE-ENTRIES CLOSE
AUGUST 11, 2017
 Post Entries may be made
 on day of show at an
 additional \$3.00 Per Class

ONE ENTRY FORM
PER EXHIBITOR
Proof of Rabies and
Coggins must be
submitted

Make Checks Payable to:
Dutchess County Fair
 MAIL TO: Valli Morano
 24 Kelsey Lane, Poughkeepsie, NY 12601
 845-475-4455
 Email: denimnpearlgirl@yahoo.com

Class Numbers (1 class per box)				Ex.#	Name/Age of Rider	Name of Horse	Age	Sex	Color	Entry Fee	OFFICE use only	

Every entry at this Show shall constitute an agreement and affirmation that the person making it, along with the owner, lessee, trainer, manager, agent, coach, driver, rider and the horse: (1) shall be subject to the local rules of the show; (2) that every horse, rider, and/or driver is eligible as entered; (3) that the owner and any of his representatives are bound by the rules of the show and agree to hold the show, their officials, directors and employees harmless for any action taken; (4) that the owner, rider/driver and any of their agents or rep-presentatives agree to hold the show, and their officials, directors, employees and agents harmless for any injury or loss suffered during or in connection with the show, whether or not such injury or loss resulted directly or indirectly from the negligent acts or omission of said officials, directors or employees.

Trainer/Owner Signature _____

Exhibitor/Parent Signature _____

FOR MAILING LIST AND/OR SENDING PREMIUM (PLEASE PRINT):

Name _____

Street _____

City _____ State _____ Zip _____

Telephone _____ Email _____

FOR OFFICE USE ONLY

A. COGGINS

Vet. _____

Date _____

A. RABIES

Vet. _____

Date _____

B. COGGINS

Vet. _____

Date _____

B. RABIES

Vet. _____

Date _____

Total Entry fees \$ _____

Method of Payment:

Cash / Check # _____ /CC
 (circle one)

FOR OFFICE USE ONLY

TOTAL				
RECIEVED				
DUE				
PAID IN FULL				

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**DUTCHESS COUNTY FAIR
STALL RESERVATION FORM
AUGUST 22-27, 2017**

Stall Manager: Brenda Locke – blocke9@verizon.net

*Please fill out this stall reservation form in its entirety.
Forms that are not filled out completely will be returned to the sender.*

I am participating in the (check all those that apply):

English Show (8/22-8/25) _____

Michael Page Clinic (8/26) _____

Western Show (8/26) _____

Open Driving Show (8/26) _____

I need stalls for (please check all that apply):

Tues. _____ Weds. _____ Thurs. _____ Fri. _____ Sat. _____

I will be leaving on

Tues. _____ Weds. _____ Thurs. _____ Fri. _____ Sat. _____ by 7pm.

Name: _____

Phone Number: _____

of stalls requested _____

of Horses to be stalled _____

\$20/Stall per day

Total Paid _____

*Please make checks payable to DCAS, Inc.
Mail completed form along with your entry form,
to the show secretary.*