

Addison County Fair & Field Days Horse Show Entry Blank As of 1/1/2024

Name of Rider _____ Birthdate if Jr exhibitor _____

Name of Horse _____

One rider per blank. Make copies if you need more.

Rider - Enter the number for the classes that you wish to enter.

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37
38 39 40 41 42 43 44 45 46 47 48 49 50 51 52

Total for classes @ \$5.00= _____

Day of show \$6.00= _____

Total for numbers @ \$2.00= _____

(use same # if showing previously in week) \$1.00 will be refunded if number is returned after finished showing.

Total for stalls (box) @\$15.00= _____ Showing out of trailer

Grand total: _____

**MAKE ALL CHECKS OUT TO : ADDISON COUNTY FAIR & FIELD DAYS
ENTRIES MUST BE POSTMARKED BY JULY 31, 2024**

Riders Signature: _____

Parent/Guardian Signature: _____

Address: _____

Phone: _____ Emergency Contact and Phone: _____

E-Mail: _____

Mail to: Jessica Stuart 26 Lang Drive Essex Jct., VT 05452 802-233-3013

CHECK LIST

- _____ Payment enclosed
- _____ Rabies certificate (copy will not be returned)
- _____ Health certificate & negative Coggins (for out of state horses)
- _____ Check here if you need passes
- _____ A large Self Addressed Enveloped enclosed for passes

PHOTO CONSENT: I, the undersigned, grant permissions to ACFFD to use my child's image for the use in all media publications, including social media.



Signature of parent or legal guardian of children under 18.