

## NBHA NEW YORK STATE CHAMPIONSHIPS 2016 MAY 27-30 2016 FONDA FAIRGROUNDS, FONDA NY

## ENTRIES MUST BE POSTMARKED BY

MAY 02, 2016

- NO REFUNDS
- NO RIDER SUBSTITUTIONS
- YOU MUST BE A CURRENT MEMBER IN GOOD STANDING WITH 3 RUNS IN YOUR NY NBHA DISTRICT IN THE 12 MONTHS PRIOR TO THE SHOW.
- SEE ATTACHED ELIGIBILTY FORM
- YOU WILL NEED TO PRESENT YOUR CURRENT NBHA CARD AT CHECK IN
- RETURNED CHECK FEE \$50.00

HORSES NAME (REQUIRED) HORSES NAME (REQUIRED)  SENIOR \$1500 MIN ADDED (1GO) \$35 X# OF HORSES TOTAL: HORSES NAME (REQUIRED) HORSES NAME (REQUIRED) HORSES NAME (REQUIRED)	<ul> <li>IF YOU WANT TO BE STALLED TOGETHER YOU NEED T</li> </ul>	TO MAIL YOUR ENTRY FORMS IN TOGETHER (NO EXCEPTIONS)
HORSES NAME (REQUIRED) HORSES NAME (REQUIRED) YOUTH \$1500 MIN ADDED (1 GO) \$33 X # OF HORSES HORSES NAME (REQUIRED) SWEEPSTAKES (FRIDAY NIGHT 6PM) \$25 X# OF HORSES  TOTAL:  (NO- NON MEMBER FEE) \$10.00 LATE FEE IF ENTERED AFTER MAY 02, 2016 HORSES NAME (REQUIRED)  ENTRY FEES \$ PROCESSING FEE \$ 20.00  STALL FEE \$75 X # OF STALLS \$ (NO SHAVINGS WILL BE PROVIDED, NO TACK STALLS) TIE OUT FEE \$10 X # OF HORSES (FOR HORSES NOT STALLED) \$ CAMPING SPOT \$100 (THURS-MON) \$ LATE FEE \$35(IF POSTMARKED AFTER \$/02/2016) \$ TOTAL DUE NBHA  NAME:  NBHA DIST # MEMBER#  ADDRESS:  CITY  STATE  ZIP  PHONE# IN SUBMITTING MY ENTRY, I HERBY RELEASE THE SHOW ORGANIZER, THE NBHA, AND ANY OFFICAL, EMPLOYEE, DIRECTOR AGENT OF THE SAME FROM CLAIMER RIGHT FOR DAMAGES AND/OR INJURY WHICH MAY OCCUR TO MYSELF, MY FAMILY MEMBERS, MY HORSE(S) OR MY PERSONAL PROPERTY AT THIS SHOW OR IN TRANSIT. BY SIGNING THIS FORM I AGREE TO ABIDE BY THE RULES SET FORTH BY THE NBHA. SIGNATURE:  DATE:	<b>OPEN \$7000 MIN ADDED 5D PAYOUT (2 GO'S &amp; FINALS) \$65 X</b> #	# OF HORSES TOTAL:
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NAME:	LATE EEE \$25/15 DOSTMARKED ACTED 5/02/2016	<u> </u>
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SIGNATURE OF PARENT OR GUARDIAN (IF UNDER 18)	SIGNATURE:	DATE:
SIGNATURE OF PARENT OR GUARDIAN (IF UNDER 18)	CIONATURE OF RARENT OR CHARLES !!	
	SIGNATURE OF PARENT OR GUARDIAN (IF UNDE	EK 18)

SHOW INFORMATION: 518-424-0972 <u>DRUFUSEYSTER@YAHOO.COM</u>
MAKE CHECKS PAYABLE TO: NY NBHA AND MAIL THIS FORM TO:
SAMANTHA L. EYSTER, 750 CARLISLE ROAD, CANAJOHARIE, NY 13317