



#1 In Barrel Racing!



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 ELIGIBILITY FORM
- YOU WILL NEED TO PRESENT YOUR CURRENT NBHA CARD AT CHECK IN
- RETURNED CHECK FEE \$50.00
- IF YOU WANT TO BE STALLED TOGETHER YOU NEED TO MAIL YOUR ENTRY FORMS IN TOGETHER (**NO EXCEPTIONS**)

OPEN \$7000 MIN ADDED 5D PAYOUT (2 GO'S & FINALS) \$65 X # OF HORSES TOTAL: _____

HORSES NAME (REQUIRED) _____

HORSES NAME (REQUIRED) _____

HORSES NAME (REQUIRED) _____

YOUTH \$1500 MIN ADDED (1 GO) \$35 X # OF HORSES TOTAL: _____

HORSES NAME (REQUIRED) _____

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) _____

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) _____

HORSES NAME (REQUIRED) _____

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 5/02/2016) _____ \$ _____

TOTAL DUE NBHA _____ \$ _____

NAME: _____ NBHA DIST # _____ MEMBER# _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

PHONE# _____

IN SUBMITTING MY ENTRY, I HEREBY 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: _____

SIGNATURE OF PARENT OR GUARDIAN (IF UNDER 18) _____

SHOW INFORMATION: 518-424-0972 DRUFUSEYSTER@YAHOO.COM

MAKE CHECKS PAYABLE TO: NY NBHA AND MAIL THIS FORM TO:

SAMANTHA L. EYSTER, 750 CARLISLE ROAD, CANAJOHARIE, NY 13317