



Mid-Atlantic Charity Horse Show
 July 19 - 21, 2019
ENTRIES CLOSE JULY 8, 2019

Office Use	Name of Horse/Pony	Breed	Registration #	Color	Year Foaled	Sex	
Rider/Driver/Handler		ASHA #					
		UPHA#					

Owner Information: (as it appears on Registration papers or Lease)

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

ASHA#
UPHA#

Please provide an Emergency Contact Phone Number:

Trainer Information - Must be Completed (if no trainer, owner may write same.)

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Stable with: _____ Arrival Date: _____

Send Acknowledgements to: Owner _____ Trainer _____

**Acknowledgements will be sent out via email only.
 Please provide above.**

To pay by credit card (Visa, Master Card, AMEX)

Name as shown on card: _____

Billing Address: _____

Credit Card #: _____

Total Class/Entry Fees		\$
Stalls	_____ @ \$125	\$
Non-Stabled Horse Fee	_____ @ \$50	\$
Hay	_____ @ \$10/bale	\$
Shavings	_____ Bales @ \$8	\$
Office Fee	\$25/Horse	\$25
Camper Space Charge Per Night	_____ Nights @ \$50	\$
Sponsorships THANK YOU!		\$
TOTAL		\$

Send Entry to: Joanne Bennett Bartley
 23B Eisenhower Blvd.
 Duncannon, PA 17020
 717-580-0551
jbartley@embarqmail.com
Please make checks payable to: "UPHA Chapter 15"

ALL ENTRY FORMS MUST BE PROPERLY SIGNED ON BACK - EACH OWNER, TRAINER, OR COACH ALONG WITH ALL RIDERS, DRIVERS, HANDLERS OR THEIR PARENTS/GUARDIANS (IF MINORS) MUST SIGN



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UPHA Chapter 15 and The Dream Park will not be responsible for any loss, personal injury or damage to horse exhibited or for any articles of any kind or nature that may be lost or destroyed or in any way damaged. Each exhibitor will be responsible for any injury that may be occasioned to any person or any animal or damage to any property while on the grounds by any horse owned or exhibited by him and shall indemnify the management against all legally established claims or damages of any kind or nature that may grow out of any injury occasioned by any horse owned or exhibited by him. Presentation of this entry blank shall be deemed acceptance of these rules.

"Every entry at a recognized 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 Constitution and rules of the Association and 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 UPHA and the show and will accept as final the decision of the hearing committee on any question arising under said rules and will agree to hold the show and the UPHA, their officials, directors and employees harmless for any action taken; (4) that the owner, rider/driver and any of their agents or representatives agree to hold UPHA, 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 omissions of said officials, directors, employees, or agents of the UPHA or show.

WARNING: UNDER NEW JERSEY LAW, AN EQUESTRIAN AREA OPERATOR IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ANIMAL ACTIVITIES PURSUANT TO P.L. 1997, C287 (C.5:15-1 ET SEQ.)

BY SIGNING BELOW, I AGREE to be bound by all applicable rules and all terms and provisions of this entry blank and all terms and provisions of this prize list. If I am signing and submitting this Agreement electronically, I acknowledge that my electronic signature shall have the same validity, force and effect as if I affixed my signature by my own hand.

		PRINT NAME	ADULT SIGNATURE
OWNER			
TRAINER Owner must sign if no trainer			
Rider/Driver/Handler	Amateur or Junior Exhibitor Date of Birth:		
ADDRESS:			
Rider/Driver/Handler	Amateur or Junior Exhibitor Date of Birth:		
ADDRESS:			
PARENT/GUARDIAN (If Rider/Driver is a Minor)			
COACH (if applicable)			



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ENTRY FOR ACADEMY CLASSES ONLY

Please type or print. ONE HORSE PER ENTRY BLANK – Please make copies or request additional forms. **ALL ENTRIES MUST BE COMPLETE ON BOTH SIDES AND SIGNED**

Office Use	Name of Horse/Pony	Breed	Color	Sex			
Rider/Driver/Handler	Class Numbers						
Rider/Driver/Handler	Class Numbers						

OWNER INFORMATION:

Name: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____ Email: _____

Please provide an Emergency Contact Phone Number:

Trainer Information – Must be Completed (if no trainer, owner may write same.)

Name: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____ Email: _____
 Stable with: _____ Arrival Date: _____
 Send Acknowledgements to: Owner____ Trainer____
Acknowledgements will be sent out via email only. Please provide above.

To pay by credit card (Visa, Master Card, AMEX)
 Name as shown on card: _____
 Billing Address: _____
 Credit Card #: _____
 Expiration Date: _____ CVV Code: _____

Total Class/Entry Fees		\$
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TOTAL		\$

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ENTRY FORM FOR ACADEMY CLASSES ONLY

I choose to voluntarily participate in the Mid-Atlantic Charity Horse Show, the "Competition". The competition as used herein includes all of their officials, officers, directors, employees, agents and volunteers. I fully understand that horses can be unpredictable; that being on or around horses involves inherent dangers which can result in serious loss, accident, bodily injury, pain, suffering or even death. I assume all risk of harm involved in my participation and I agree to release the Competition and the Dream Park from all claims for money damages or otherwise for any harm to me or my horse even if due to the negligence of the Competition or The Dream Park. I further agree to indemnify the Competition and the Dream Park and hold them harmless with respect to claims for harm to me, or my horse and for claims made by others for any harm caused by me or my horse. I understand I am entitled to wear protective equipment without penalty and I am encouraged to do so while understanding that no protective equipment can guard against all injuries.

I have read this entire agreement before signing and I understand it and further agree to abide by the rules of the Competition.

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		PRINT NAME	ADULT SIGNATURE
OWNER			
TRAINER <small>Owner must sign if no trainer</small>			
Rider/Driver/Handler	Amateur or Junior Exhibitor Date of Birth:		
ADDRESS:			
Rider/Driver/Handler	Amateur or Junior Exhibitor Date of Birth:		
ADDRESS:			
PARENT/GUARDIAN <small>(If Rider/Driver is a Minor)</small>			
COACH (if applicable)			