**Mid-Atlantic Regional Horse Show #39 – Entry Form**

***All information MUST be printed legibly or typed.***

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NAME – FIRST: |  | | | LAST: | |  | | | NICK NAME: | |  | |
| Three (3) Initials you typically use: | |  |  | |  | |  | | | | | |
| Street Address: |  | | | | | | | | | | | |
| City: |  | | | State: | | | |  | | Zip: | |  |
| Phone #: |  | | | Email Address: | | | |  | | | | |
| Emergency Contact | Name: | | | Number: | | | |  | | | | |

Show Entry Fees – **Per Person/Per Day**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date Due  Per Day Fees | Half Rectangular Table (10 square feet) | Full Rectangular Table (20 square feet) | Proxy Per Day Fee  up to 10 models | Vendor/Bring your own table | Novice |
| By 2/9/19 | $40 | $70 | $10 +$1 per model | $25 | $20 |
| By 3/9/19 | $45 | $80 | $10 + $2 per model | $30 | $25 |
| After 3/9/19 | $50 | $90 | $10 +$3 per model | $35 | $30 |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SATURDAY** | Fee |  | **SUNDAY** | Fee |  | List the appropriate amount (see table above) in the “Fee” column and total fee in the “Total Fee” box. **If you are participating both days,** please complete the box below. | |
| Half Table – 35 models, 1 chair |  |  | Half Table – 35 models, 1 chair |  |  |
| Full Table – 2 chairs |  |  | Full Table – 2 chairs |  |  |
| Performance Fee (if not judging) $5 |  |  | Sponsorship ($3/sec. or $10/div.) |  |  |
| Sponsorship ($3/sec. or $10/div.) |  |  | Vendor/Bring Your Own Table Fee |  |  |
| Novice |  |  | Proxy Fee |  |  |  | |
| Vendor/Bring Your Own Table Fee |  |  |  |  |  | Saturday Total |  |
| Proxy Fee |  |  |  | Sunday Total |  |
| Total Saturday Fee |  |  | Total Sunday Fee |  |  | \*10% Discount |  |
|  |  |  |  |  |  | Grand Total |  |

\*10% discount for those not bringing their own table and entering both days with the same table space, if entry is received by 2/15/19.

Will you be bringing a service animal? Y N If so please contact Show Manager

Do you have allergies to animals? Y N If so – what:

Make checks /MO payable to: Elizabeth W. Andrews/MAR or PayPal: fpmvendetta@yahoo.com. If paying by PayPal and emailing in your completed form, they MUST be received within 24 hours of each other. Returned check fee: $30. An entry is not complete, nor is a spot reserved, until both the completed form and correct fee are received. All day of show fees must be paid in cash with exact change. You are encouraged to enter early to avoid late fees. Acknowledgment should take no more than one week from the receipt of your **complete** entry.

* Please seat me near: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Please indicate any special needs requiring you to be in a certain location.
* I would like to sponsor the following divisions/sections:
* I would like to judge:

Return this completed form with proper fees & SASE or email address to: Betsy Andrews (MAR)

115 Earle Branch Rd.

Centreville, MD 21617

I, (print name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have read and understand the rules of this show and agree to abide by them, as well as the decisions of the judges and show manager/committee. I understand that if these rules are violated, I may be asked to leave the show with no return of fees paid. By signing this form and attending Mid-Atlantic Regional Model Horse Show, I hereby agree to these terms, and also release the aforementioned show, show manager, show committee, judges, volunteers, sponsors and the Caroline County 4H Park from liability for loss, damages or injury to any person or property which may occur during the show activities. I also acknowledge that I rightfully own all the models I am showing, and am not showing models for another person/relative unless I am paying the appropriate proxy fee, or that person is present and judging.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (if under 18, parent or guardian must sign & print name) Date