

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
Half Table – 35 models, 1 chair	
Full Table – 2 chairs	
Performance Fee (if not judging) \$5	
Sponsorship (\$3/sec. or \$10/div.)	
Novice	
Vendor/Bring Your Own Table Fee	
Proxy Fee	
Total Saturday Fee	

SUNDAY	Fee
Half Table – 35 models, 1 chair	
Full Table – 2 chairs	
Sponsorship (\$3/sec. or \$10/div.)	
Vendor/Bring Your Own Table Fee	
Proxy Fee	
Total 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.**

Saturday Total	
Sunday Total	
*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