MID-ATLANTIC REGIONAL HORSE SHOW #41 - ENTRY FORM - MARCH 25-26, 2023 All information MUST be printed legibly or typed.

NAME – FIRST:		LAST:	NICK NAME:	
Three (3) Initials you t	ypically 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 Rect. Table-Per Day	Full Rect. Table-Per Day	Proxy Per Day Fee up to 10 models	Vendor-Per Day/Per Table	Novice	Bring your own table
Saturday	\$45	\$65	\$10 + \$1 per model	\$25	\$25	\$45
Sunday	\$65	\$85	\$10 + \$1 per model	\$25		\$60
LATE FEE: Er						

SATURDAY	Fee	SUNDAY	Fee	lelay: send in your entry today!	
Half Table – 35 models, 1 chair		Half Table – 35 models, 1 chair			
Full Table – unlimited models fitting ON table, 2 chairs		Full Table – unlimited models fitting ON table, 2 chairs		List the appropriate amounts	
Vendor Bring Your Own Table Fee – unlimited models fitting ON table, 2 chairs Proxy Fee		Vendor/Bring Your Own Table Fee – unlimited models fitting ON table, 2 chairs		(see table above) in the "Fee" column and total fee in the "Total Fee" box. If you are	
		Proxy Fee		participating both days,	
Performance Fee (if not judging a performance section) \$5		Late Fee		please complete the box below.	
Novice		Sponsorship			
Late Fee				Grand Total	
Sponsorship				(for those	
Total Saturday Fee		Total Sunday Fee		participating both days)	

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 (F&F ONLY): fpmvendetta@yahoo.com. If paying by PayPal and emailing in your completed form, they MUST be received within 24 hours of each other or they will be returned. 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.