

2017 Clinton County Fair Open Gaming Horse Show

Rider Name: _____ Horse Name: _____

Address: _____ City: _____ Zip: _____

Phone Number: _____ E-mail: _____

Rider's Age (as of 1/1/2017): _____

If you are alone at the show, in case of emergency call _____ at _____

Check (X) all classes below you wish to register for:

<u>Class (X)</u>	<u>Payback</u>
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____
7. _____	\$ _____
8. _____	\$ _____
9. _____	\$ _____
10. _____	\$ _____
11. _____	\$ _____
12. _____	\$ _____
13. _____	\$ _____
14. _____	\$ _____
15. _____	\$ _____
16. _____	\$ _____
17. _____	\$ _____ *

* money added TBA

Registration:

\$20 all day (X) _____ = \$20

or # of classes _____ X \$5 = _____

Beginner Rider (X) _____ = \$5

or # classes (2, 6, 10) _____ X \$3 = _____

Total Due: _____

<p>CCF use only:</p> <p>Class total \$ _____</p> <p>Check # _____ Cash Paid _____</p> <p>Checked out by _____</p> <p>Payback total \$ _____</p>

The Clinton County Fair Committee will not be responsible or liable for any accident to any person, property or loss by fire, theft, storm or any other cause. They are not responsible for horses, injuries, or damages to contestants, spectators, animals, vehicles or property.

I, (Name) _____ Date _____
 have read above statement and fully understand that I am competing at my own risk.

Make Checks Payable to: Clinton County Fair Association

Mail pre-registration form to:

**Laurie Hendricks
3290 Nichols Run Road
Jersey Shore, PA 17740**

(e-mail: phyrstfan@yahoo.com)