

Coggins Rabies
 Coggins and proof of Rabies Vaccine are **required**. No exhibitor will be issued a number without them. Attach to entry form to speed up sign in process on show day.

Parking Fair Pass

Woodstock Fair Horse Show

Route 171 Woodstock, Connecticut
 (Horse Show Entrance is on Stone Bridge Rd.)
September 2, 3, 4, 5, 2011

Please note the
8/24 Pre-Entry POSTMARK DATE

Pre-Entries POSTMARK Closing Date is August 24, 2011 - No telephone entries will be accepted. Questions? Call: 860-779-0438 Email: horseshows@woodstockfair.com
 Payment or signed Open Check must be submitted to be considered a pre-entry- (all others will be charged an additional \$15.00 fee.) \$25.00 Fee Charged on All Returned Checks

Mail entry to: Horse Show Supervisor - PO Box 1 - South Woodstock, CT 06267 Make checks payable to: **Woodstock Fair Horse Show**

Please Print Clearly
 Name of Horse: _____ Breed _____ Registration # _____ Year Foaled _____ Sex _____ Height _____ Color _____
 Exhibitor Name: _____ Date of Birth _____ Telephone _____ (mandatory)
 Street Address: _____ City _____ State _____ Zip _____
 Name of Stable (if you want one announced) _____ Email Address: _____

All Regular Classes \$12.00 ~ Regular Classics \$15.00 (bolded, underlined and italicized) ~ \$1000.00 Jumper Classic is \$25.00 ~ \$500.00 Pole-Bending Classic \$20.00****

Please CIRCLE Your Class Choices. Classes marked with * require additional information for PRO-AM Classics. Those marked with ** are special priced classes

- Friday:** 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23** 24 25 26 27 29* 30 31 32 33 34 35
Saturday Ring 1 & 3: 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65
Saturday Ring 2: 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101
 102 103 104 105 106 107* 108* 109 110 111 112 113
Sunday Ring 1 & 3: 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139** 140 141 142
Sunday Ring 2: 143 144 145 146 147 148 149 150 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171
 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189
Monday Ring 1 & 3: 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213
Monday Ring 2: 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242
 243 244 245 246 247 248 249 250 ***PRO: AM:**

I hereby enter the above at my own risk, subject to the rules of the Woodstock Fair Horse Show. I hereby engage to be responsible for any injury or damages that may occur to or be caused by any animals, vehicles, or trappings, or the loss of any animal, vehicle or trappings exhibited by me. I further agree to be absolutely responsible for the physical condition of any animal under my control or ownership. I will release, indemnify and save harmless the said Horse Show, their agents, volunteers or employees from any damages, expense and/or liability arising out of or resulting from any act or omission as an exhibitor of Woodstock Fair Horse Show and certify that all my horses are free from contagious disease. My signature on this entry for is an agreement of the above.

Exhibitor's Signature: _____
 (Parent/guardian signature required if exhibitor is 17 years of age or under)
 Emergency Contact: _____
 Emergency Phone # _____

- Check List:**
Have you attached:
 Coggins
 Rabies
 Breed papers (only if entering breed classes)
 Payment or signed open check
Have you filled in:
 Signature (parent/guardian if under 18)
 Telephone #
 Date of Birth
 Email
 Other exhibitor/horse information on entry

IMPORTANT
 if **EVERY** box is checked, then proceed directly to the new Exhibitor Center to pick up your number. If all boxes are not checked, proceed to the Secretary Booth window with the missing paperwork/information to complete your entry & receive a number.

Blue or Black Ink Only for Checks	Office Use Only
Total Entry Fees: _____	_____
Office Fee: \$10.00	\$10.00
Other: _____	_____
\$15.00 Post-Entry Fee: _____	_____
Total Due: _____	_____
Office use only: DO NOT WRITE IN THIS SECTION	
Check # _____	\$ _____
Check # _____	\$ _____
Check # _____	\$ _____
Other _____	\$ _____
Cash: \$ _____	\$ _____
See entry(s): _____	

Payment or signed Open Check must be submitted with entry