

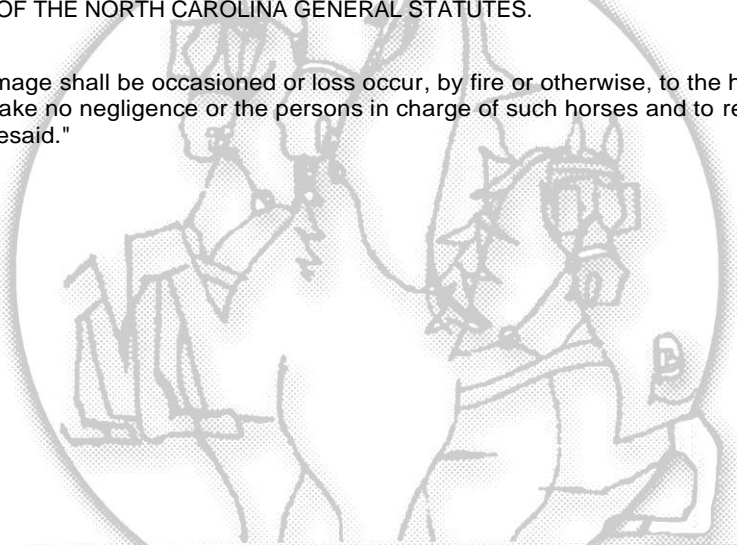
Office Notes

RALEIGH INVITATIONAL HORSE SHOW • APRIL 11 – 13, 2019

I AGREE NEITHER THE RALEIGH INVITATIONAL, HORSE SHOW MANAGEMENT SERVICES, LLC, THE NC STATE FAIR, THE STATE OF NORTH CAROLINA, NOR THE MANAGEMENT, NOR THE OFFICIALS OF THE SHOW WILL BE RESPONSIBLE FOR ANY ACCIDENT, DAMAGE, LOSS OR INJURY TO MOUNT, OWNER, RIDER OR OTHER PERSONS OR PROPERTY. IT WILL BE THE CONDITION OF ENTRY THAT EACH EXHIBITOR SHALL HOLD THE HORSE SHOW AND ITS MANAGEMENT BLAMELESS FOR ANY LOSS OR ACCIDENT TO ANY ANIMAL, PERSON OR PROPERTY THAT MAY OCCUR FROM SICKNESS, FIRE AND OTHERWISE AT THIS SHOW. UNDER NORTH CAROLINA LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR ANY INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING EXCLUSIVELY FROM THE INHERENT RISKS OF EQUINE ACTIVITIES. CHAPTER 99E OF THE NORTH CAROLINA GENERAL STATUTES.

PLEASE enclose copies of Negative Coggins Test for all horses entered. NEW STATE LAW requires EVERY HORSE ON THE GROUNDS (SHOWING OR NOT SHOWING) TO SHOW A CURRENT NEG TEST IN ORDER TO REMAIN ON THE GROUNDS. EACH HORSE MUST BE OFFICIALLY ENTERED ON AN ENTRY FORM. STALL FEES DUE WITH ENTRY FORM TO GUARANTEE RESERVATION.

" I further agree that if any damage shall be occasioned or loss occur, by fire or otherwise, to the horses exhibited, or to any vehicle or other article that I may send with such horses that I will make no negligence or the persons in charge of such horses and to repay this show, on demand, all damages it may sustain by reason of any claim or demand as aforesaid."



Raleigh Invitational Horse Show

CREDIT CARD PAYMENT PRINT CLEARLY

TYPE CREDIT CARD _____ CARD # _____ EXP DATE _____ CVV CODE _____

NAME ON CARD _____ CELL # _____ HOME # _____

STREET _____ CITY/ST/ZIP _____ SIGNATURE _____

X _____

Rider, Driver or Handler Signature (ADULT ONLY)
If minor, parent/guardian

Name _____
Street _____
City _____
State Zip _____
Telephone (_____

X _____

Trainer's Signature (ADULT ONLY)
If minor, parent/guardian

Name _____
Street _____
City _____
State Zip _____
Telephone (_____

X _____

Owner or Agent's Signature (ADULT ONLY)
If minor, parent/guardian

Name _____
Street _____
City _____
State Zip _____
Telephone (_____

**CHECKS TO COVER ALL FEES
ENTRIES CLOSE MARCH 25, 2019**

Raleigh Invitational Horse Show
Governor James B. Hunt Jr. Horse Complex
Raleigh, North Carolina

SHOW DATES: April 11 -13, 2019
Mrs. Joyce Wilson, Show Manager
Mrs. Barbara Lewis, Show Secretary

ENTRY FEES AND STALL FEES MUST ACCOMPANY ENTRY BLANK

C	Do Not Use This Space	Name of Horse Class Number Under Name	Total Entrance	Card Measure	Color	Sex	Height	Year Foaled	Reg. #	EXHIBITOR (If more than one rider, specify rider and class) (If equitation must give complete address of rider)	Jr. Exhibitor DOB	OWNER		
												Name	Street	City State Zip
												Name		
												Street		
												City	State ____	Zip
												Name		
												Street		
												City	State ____	Zip
												Name		
												Street		
												City	State ____	Zip

STALL WITH

	TOTAL ENTRY FEES		DO NOT USE THIS SPACE
___ Permanent Stalls	@ \$115.00		
___ Stalls for early arrivals	@ \$30.00		
___ Pre Bed Stalls	@ \$14.00		
___ Grounds Fee (non stabled horses)	@ \$45.00		
___ Office Fee - Per Horse - non refundable	@ \$30.00		
___ Post entries - Per Horse - non refundable	@ \$35.00		
___ Reserve Seats -- 6 Seats	@ \$125.00		
___ Ringside Tables (Limited Number)	@ \$300.00		
___ Bag Shavings	@ \$8.50		
___ Credit Card Convenience Fee	@ \$4.00		
STALL FEES MUST BE PREPAID	TOTAL AMOUNT DUE		
OPEN CHECK POLIICY WILL PREVAIL	AMOUNT OF CHECK		

MAIL PREMIUM CHECKS TO AND REFUNDS TO

(If you want Premium Checks to go to different owners, you MUST FILL OUT BELOW A SEPARATE ENTRY BLANK FOR EACH OWNER NAME.)

Print Name _____
 Address _____ City _____ State _____ Zip _____
 Tel. No. _____ Email address (for exhibitor letters & correspondence) _____
 Emergency Contact: Name & Phone _____
Will only be used for horse show. Telephone _____

For Office Use Only

**CHECKS TO COVER ALL FEES
MUST ACCOMPANY ENTRIES
OR FILL OUT CREDITCARD
INFO ON BACKSIDE OF ENTRY**

Make checks payable and mail to:
**HORSE SHOW MANAGEMENT
SERVICES, LLC**
 c/o Joyce Wilson
 7934 Old Bunch Rd.
 Zebulon, N.C. 27597

**STALLS AVAILABLE FOR
OCCUPANCY
Tuesday, April 9, 2019
10:00AM**

Postal Mark Date _____
 Check# _____
 Receipt # _____
 Amount\$ _____

Will arrive _____

PLEASE FILL OUT BELOW

Hotel _____ - # of Rooms

Please READ information on the REVERSE SIDE, fill in the blanks and sign.

Please list hotel and number of rooms above which help our exhibitors get better room rates.