

COBLESKILL AGRICULTURAL SOCIETY
PO Box 249, Cobleskill, NY 12043
518-234-2123 www.sunshinefair.org

DRAFT HORSE SHOW ENTRY FORM & PAYMENT FORM
ONE ENTRY FORM PER HORSE/RIDER COMBINATION PER SHOW/SECTION

Statement of Immunodiffusion test for Equine Infectious Anemia (Coggins) and Rabies Certificate required for each horse entered. **No exceptions.** Any animal to be exhibited from out of state must meet New York State Import Regulations and be accompanied by an official health certificate approved by the chief livestock official of the state of origin. Examinations made to qualify out of state animals after arrival in New York State will not be acceptable. Per New York State Law No. VAT1265, all riders 17 years of age and under must wear a helmet meeting or exceeding ASTM F1163 (Safety Equipment Institute Certified) equestrian standard. The parent/guardian who signs the release form for an exhibitor 17 years of age and under is personally responsible for seeing that those exhibitor(s) in their care, custody, and control obey this law.

The undersigned promises to exhibit at the Schoharie County Sunshine Fair the horses named and does hereby certify that said hereinafter mentioned horses, so proposed to be exhibited, is hereby entered for exhibition in accordance with the Rules and Regulations contained in the Cobleskill Agricultural Society Premium Book and by which the undersigned hereby agrees to be governed in exhibiting the same. The exhibitor agrees to be solely responsible for any loss or injury to or damage done, occasioned by, or arising from any animal, equipment, exhibit, or person on exhibition, and to defend and indemnify the Cobleskill Fair and the management thereof against all claims and liability in regard thereto, and upon these conditions only will entries be accepted. In view of the indemnity agreement appearing herein, exhibitors may find it advisable for their own protection to carry liability insurance if not covered. Exhibitor agrees to abide by the rules of the Cobleskill Agricultural Society. Cobleskill Agricultural Society is not responsible for any injuries to either human or animals.

Exhibitor's Name, Rider (PLEASE PRINT) _____

Exhibitor's DOB _____ **E-mail** _____ **County of Residence** _____

Address of Exhibitor in Full _____

Phone _____ **Signature** _____
(If minor, signature of owner of horse, parent, or guardian.)

Name of Horse _____ **Year Foaled** _____

Name of Owner _____ **Address of Owner** _____

Phone Number _____ **E-mail** _____

Please check off who is to receive payback money: Exhibitor _____ Horse Owner _____

	DEPT	SECTION	CLASS#	CLASS NAME	ENTRY FEE
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Pre-entries must be postmarked with payment by July 12. Entries are payable and mailed to:
 Cobleskill Agricultural Society, Po Box 249, Cobleskill NY 12043

