

Back # Of Rider

2019 Gleneayre Horse Show and Hunter Derby Entry Form

Weekend of November 2-3, 2019
Gleneayre Farm Lumberton, NJ

check if member
ECSJ _____

COGGINS
GEP
Use Only



NAME OF HORSE	Mare Gelding	COLOR	AGE	HEIGHT	Horse Pony SM Med Large	JOCKEY CLUB REGISTRATION NAME:	
NAME OF RIDER						TIP #	
M&S Number of Rider:	AGE:	ADDRESS:					
		EMAIL ADDRESS:					PHONE #
NAME OF OWNER	<u>CLASSES #</u>						
	<u>DERBY#</u>						
NAME OF TRAINER	Barn Name:				Barn Address:		
	Barn Email:				Phone #		

FOR OFFICIAL USE ONLY ONE \$20 SCHOOLING FEE PER ENTRY-PER HORSE

SCHOOLING FEE & EMT FEE	\$20		
DIVISIONS ENTERED: _____ X \$80 \$80 PER DIVISION CLASSES (#1-#37)		TICKETED WARM UP - \$15 #68, #69 – HANDY TRIP/HUNTER TRIP ONE TRIP PER TICKET= 8 JUMPS	
CLASSES ENTERED: _____ X \$20 PER CLASS IN CLASSES (#38 - #56)(60-63)		CROSSRAIL DERBY - \$50 CLASS #64	
M&S CLASS ENTERED: _____ X \$40		HUNTER DERBY – 2’ - \$100 CLASS #65	
LEAD LINE CLASSES: _____ X \$10 (#57-#59)		DERBY - 2’6” - \$125 CLASS #66	
		DERBY – 3’ - \$150 CLASS #67	
CHECK# _____ AMOUNT \$ _____	<u>Total</u>	CHECK# _____ AMOUNT \$ _____	<u>Total</u>
CASH: _____		CASH: _____	

I UNDERSTAND THAT MY PARTICIPATION IN THIS EVENT IS AT MY OWN RISK AND I AM SUBJECT TO THE HORSE SHOW RULES AND REGULATIONS. BY SIGNING BELOW, I AGREE TO BE BOUND BY ALL THE TERMS AND PROVISIONS OF THE FRONT AND BACK OF THIS ENTRY FORM.

SIGNATURE: _____

PRINT NAME: _____

EMERGENCY CONTACT: _____

PHONE NUMBER: _____

ALL CHECKS MADE PAYABLE TO: GEP

EMAIL ENTRIES: INFO@GEPNJ.ORG

FAX ENTRIES: (609)261-0799

OFFICE: (609)267-4104

Cashier initials: _____