

Rider #

HARMONY HILL FARM ENTRY BLANK
ONE HORSE/RIDER PER FORM, PLEASE

Horse Name: _____ Trainer: _____ PHA Member Y or N

Rider Name: _____ Age: _____ Address: _____

Hunter or Equitation Classes Entered: _____ Medal Classes: _____

Every entry at a recognized competition shall constitute an agreement and affirmation that all participants (which include without limitation, the Owner, Lessee, Trainer, Manager, Agent, Coach, Rider, Handler and Horse) for themselves, their Principals, Representatives, Employees and Agents (1) shall be subject to the constitution and rules of the Association and the local rules of the Competition. (2) Represent that every Horse, Rider, Driver and Handler is eligible as entered. (3) Agree to be bound by the constitution and rules of the WNE-PHA, USEF and of the Competition, and will accept as final the decision of the Hearing Committee on any question arising under said rules, and agree to hold the competition, the WNE-PHA, their Officials, Directors, and employees harmless for any action taken. (4) that the Owner, Lessee, Trainer, Manager, Agent, Coach, Rider, Driver, Handler and Horse agree to hold the Competition, WNE-PHA, their Officials, Directors, and Employees harmless for any injury or loss suffered during or in the conjunction with the Competition, whether or not such injury or loss resulted, directly or indirectly, from the negligent acts or omissions of said Officials, Directors and Employees.

FEEES	
CLASSES \$20.00	Entry Fees \$ _____
MEDALS \$25.00	Schooling Fee \$ <u>5.00</u>
SCHOOLING \$5.00	WNEPPHA Fee <u>\$1.00</u>
WNEPPHA FINALS FEE \$1.00	Total Entry\$ _____

Trainer Signature: _____ Rider/Parent Signature: _____

WESTERN NEW ENGLAND PROFESSIONAL HORSEMEN'S ASSOCIATION
2011 MEMBERSHIP APPLICATION – YOUR POINTS START COUNTING TODAY
FEES \$35 Professional * \$25 Adult * \$20 Junior

NAME: _____ TODAY'S DATE: _____

ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____ YOUR BIRTHDATE: _____

STABLE AND TRAINER: _____

SHOW NAME OF YOUR HORSE OR PONY: _____ PONY HEIGHT: _____

IF LEASED, name of owner who must be a current member: _____

Please mail to : WNE-PHA c/o Aimée Boyer 138a Seekonk Cross Road, Great Barrington, MA 01230