

# JCTR – REGISTRATION FORM INSTRUCTIONS

In an effort to simplify and reduce the effort required to register multiple horses / equine partners for the upcoming Jefferson County Trail Riders (JCTR) show season, we have made changes to the Registration Form. This form eliminates duplicating information on multiple forms. You will be able to register up to eight (8) equine participants using a single form.

Since registration and registration fees are based on the registration of the horse / equine partner, the exhibitor names are not required on the registration form. Many horses are exhibited by multiple show participants. We will rely on the legibility and correctness of the information on the class sheets to identify the exhibitors.

**It is important to note, the person completing and signing the form as the Responsible Owner / Delegate / Guardian, is considered the responsible party for the equine participants and their human partners.**

## **INSTRUCTIONS:**

Below are the instructions / information on how to complete the new Registration form.

**SHOW DATE** (at the top right of the form): Date of the horse show.

## **Equine Participation List:**

- **ENTRY # OR SPEED:** Fill in with the
  - Number assigned to each horse at the time of registration;
  - Or for those of you who are using the same number throughout the year, the number you have elected to use for that horse;
  - Or “SPEED” if the horse is only participating in speed classes. (Numbers are not needed for horses that participate in speed events only.)
- **EQUINE’S NAME:** Name of the horse. (Please ensure the name is spelled correctly.)
- **DATE BLOOD WAS DRAWN:** Date on the **current Negative Coggins** Test Results.
- **SINGLE CLASS \$8:** Place X in this field if the horse is participating in one class only.
- **THREE + CLASSES \$20:** Place X in this field if the horse is participating in three or more classes.
- **ENTRY FEES:**
  - Place \$8 in this field if the horse is participating in one class.
  - Place \$20 in this field if the horse is participating in three or more classes.

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## **Below the Equine Participation List:**

- **Entry Fees \$:** Total the entry fees for all horses registered.
- **Admission / Gate Fees \$:** Total gate fees being paid. (See show bill for Gate Donation information.)
- **Total Paid \$:** Sum of Entry Fees \$ and Admission / Gate Fees \$.

**ADDRESS:** Street Address information for the person signing the form.

**CITY:** City Name for the person signing the form.

**STATE:** State for the person signing the form.

**ZIP:** Zip Code for the person signing the form.

**PHONE:** Phone number for the person signing the form.

**EMAIL ADDRESS:** E-mail information for the person signing the form. This is optional. Provide this information want to be added to our E-mail communication list.

**New / Changed contact information: Yes:** Place an X here if the previous contact information, including e-mail address, is different from what was previously provided.

**RESPONSIBLE OWNER / DELEGATE / GUARDIAN SIGNATURE (Must be 18 years of age or older):**

- **Printed Name:** Please legibly print the name of the person signing the form.
- **Signature:** Sign the form



**SHOW DATE:** \_\_\_\_\_

*An entry number will be assigned by registration.*

**You must have your entry number before filling out the clipboard class sheets!**

**LIST EXHIBITOR and Horse, NOT the Owner.**

**PLEASE WRITE LEGIBLY AND SPELL CORRECTLY**

If admission / gate fees were not paid at time of entrance to the show grounds, they must be paid at time of registration.

Please pay for all eligible persons who entered the show grounds in your vehicle. If Negative Coggins Papers were not checked at the entrance gate they **MUST** be brought to Registration Desk at time of registration.

ENTRY # OR SPEED	EQUINE'S NAME	Date Blood Drawn	\$8 Single Class	\$20 Entire Show (3 or more classes)	ENTRY FEES

Entry Fees \$ \_\_\_\_\_ Admission / Gate Fees \$ \_\_\_\_\_ Total Paid \$ \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE ( \_\_\_\_\_ ) \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

New / Changed contact information: Yes: \_\_\_\_\_

All entries are accepted with the understanding that Jefferson County Trail Riders Club, its sponsors, Club officers or members are not responsible for any loss, personal injury, or damage to equines, persons, or property. Any discourtesy to judge or show official by participant, parent, or agent may cause involved party to be dismissed from show.

**I, the undersigned, certify that the above information is correct for the equine entered to show, including the presence of current negative Coggins papers for the equine(s) listed on this registration form.**

**RESPONSIBLE OWNER / DELEGATE / GUARDIAN SIGNATURE (Must be 18 years of age or older):**

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_