

2025 Sandwich Fair Open Horse Show Entry Form

Chair: Tarrah Desjarlais, Ph: 603 455 5589 Entry Form Deadline: September 15

Exhibitor Number:
(assigned upon receipt of the entry form)

| Rider's Name: | Mailing Address:_ | | City/State/Zip: | |
|---|--|---|--|--|
| Phone: | Email Address: | <u>@</u> | Horse Name: | |
| Entrance fee: \$9 per class with entered into at least 1 division Inform chair of any Tack Hole Current (as of 10/11/25) Cogg Warm-up in ring given before The State of New Hampshire Mail completed form and entered | n (4 classes) to ride ds. gins and Rabies ce e each equitation cl will be randomly a | e in Open Classes rtificates required ass. appearing and sel | s. d with entry fees. lecting animals to test. | |
| Showmanship (1, 2, 3 * Championship free to top 2 places) | | Leadline 9 year olds and under (17, 18) | | |
| Western Adult (4, 8, 20, 24) | | English Adult (29, 31, 33, 35) | | |
| Western Youth (5, 9, 21, 25) | | English Youth (30, 32, 34, 36) | | |
| Walk Trot Adult (6, 10, 22, 26) | | Open Driving (39, 40, 41) | | |
| Walk Trot Youth (7, 11, 23, 27) | | \$100 Open Classes (12, 19, 37) | | |
| Carroll County Special (15, 16) | | Open Sit-A-Buck (43) | | |
| Youth In Hand (17 & under) (13, 14, 28, 38) | | Grooms Class – No charge (42) | | |
| Attention: Under New Hampshire Law, a presponsibility that may occur to participant equine professionals are not liable for dama. By signing below, I acknowledge and acceps sponsors, employees, and board members for Sandwich Fair Association, its board member rules and all policies and decisions of The Sandwich Fair Association. | t resulting from the inges resulting from inh t that riding horses can or any accidents or injuers, employees, and Sar | therent risks associate erent risks of equine to be dangerous. There is that may occur indwich Fair Horse S | ated with equine activities e activities. refore, I agree to hold blam at these activities, including | . Pursuant to RSA 508:19, neless the organizers, ag but not limited to The |
| (Entrant Signature) | (Date) | (Parent or Guardian S | Signature) | (Date) |
| Fees (payable by check) and copies of \$5 office fee + (# of classesx fee | | | | lication: |