

Check #:
Coggins:
Health Cert:

THE HORSE PARK OF NEW JERSEY
AND
EASTERN STATES DRESSAGE & COMBINED TRAINING ASSOCIATION

Entry # _____

PRESENT:



“The Turkey Trot”

THE 19TH ANNUAL
PLEASURE RIDE/DRIVE



Sunday, November 19, 2017

9:00 am — 1:00 pm

Rain or Shine

Early Bird Entries *Open* October 16, 2017
Mail/FAX Entries *Close* November 12, 2017

Horse Park of New Jersey

Route 524 • Allentown, NJ

and

Assunpink Wildlife Management Area

Entry Fees (*rider divisions to be ridden in pairs*)

\$ _____ \$35.00.. per ea. Early Bird Rider / Driver (rec'd by Nov4)

\$ _____ \$45.00.. per ea. Regular Rider / Driver (rec'd by Nov 12)

\$ _____ \$60.00.. per ea. Post Entry Rider / Driver (post entry Nov 19)

\$ _____ \$40.00.. Day Stall (*per horse*)

\$ _____ **TOTAL ENTRY AMOUNT ENCLOSED**

Credit Card Info (Note: FAX entries **MUST** pay by credit card).

PLEASE WRITE LEGIBLY!

Card type: Visa Mastercard AmEx Discover

Name on card: _____

Card #: _____

Expiration Date: ___ / ___ / ___ Security Code _____
(On Back of Card)

Signature of cardholder: _____

NOTE: FAX ENTRIES MUST CALL TO CONFIRM RECEIPT

PLEASE WRITE LEGIBLY!

EVERYONE

Check one:

- Short Course
 Long Course
 VSE Course (Driver)

EVERYONE Check one:

- Senior Rider - 55 yrs. or older
 Junior Rider - 18 yrs. or younger
 Family Rider
 Open - Rider
 Driver

**** NOTES ****

- Rider Course starts from 9:00 am –1:00 pm;
- Driver Course starts from 9:00 am –12:00 pm;
- Riders stop and get a start time after you pick up your packet
- All Divisions: Award & 8 Ribbons per Division
- Driver awards at 2:45 pm; Rider awards at 3:45 pm

Rider Courses: 5 miles (short) 7 miles (long)

Driver Courses: VSE 2.5 mi, short 4.5 mi; long 6.5 mi

(distances are approximate)

SEND TO: Horse Park of NJ, Attn: Turkey Trot Entry

626 Route 524

Allentown, NJ 08501

(609) 259-0170 FAX (609) 259-0174

e-mail: HorseParkOfNJ@aol.com

RIDER #1 or Driver (*Entry will be filed under this name*)

Name: _____

Address: _____

City, St, Zip: _____

Phone: _____

E-Mail: _____

Horse: _____ Coggins Date: _____

RIDER #2

Name: _____

Address: _____

City, St, Zip: _____

Phone: _____

E-Mail: _____

Horse: _____ Coggins Date: _____

RELEASE: We release Horse Park of NJ, Assunpink Wildlife Management Area, ESDCTA, Inc. their volunteers, members from any accident, damage, injury or illness to the horses, owners, riders, employees, attendants, spectators or any other person or property whatsoever in connection with this activity.

Signature (Parent or Guardian of Juniors) _____

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Notes: a) **Make checks payable to:** Horse Park of N.J. or provide credit card info b) **CURRENT COPY OF COGGINS MUST ACCOMPANY ENTRY** c) Entries limited to 250; preference will be given to mail and FAX'd entries. FAX entries **MUST** pay by credit card. **Post Entries ARE accepted on the competition day!** Refunds after the closing date less \$15 office fee with Dr's note or vet certificate e) Helmets are strongly recommended.