

Entry # _____

2021 Cornerstone Farm Open Schooling Show Series

(Please circle show date) **May 16 July 11 September 19 October 17**

86 Foster Center Rd., Foster Rhode Island 02825

(401)397-9242 or (401)345-9824 ~ info@cornerstonefarmri.com

Name of Horse *(one per entry)* _____

Exhibitor _____ DOB _____

Address _____

Town _____ State _____ Zip _____

Phone _____ Email _____

Stable _____

Check Divisions Entered:

- ___ **Lead Line** Classes 7,8,9
- ___ **Cross Rails Hunter** Classes 1,2,6
- ___ **Low Hunter** Classes 3,4,5
- ___ **Hunter on the flat** Classes 13,14,15
- ___ **Walk Trot Hunter** Classes 22,23,24
- ___ **Walk Trot 12& under** Classes 10,11,12
- ___ **Walk Trot 13 & over** Classes 16,17,18
- ___ **Open W/T/C** Classes 19,20,21
- ___ **W/T Gymkhana** Classes 26,28,30
- ___ **Open Gymkhana** Classes 25,27,29

Under Rhode Island law, on equine professional is not liable for an injury to, or the death of, a participant in equine activities, pursuant to chapter 21 of Title 4 of the General Laws.

of Divisions entered ___ X \$40 = \$ _____

Office Fee @ \$10/ per entry = \$ 10

Hunter Warm Ups @ \$10/round = \$ _____

Post Entry Fee @ \$15/ entry = \$ _____

(Post entry fee due if not received by the Friday before show)


Total Entries Due \$ _____

OFFICE USE ONLY- Cash/ Check \$ _____

Associate with Entry(s)# _____

Coggins/Rabies

- I give my permission for _____ to receive medical aid or treatment in case of an emergency.
- All exhibitors ride at their own risk.
- I have read the rules of the horse show and agree to abide by them.
- I understand that neither Cornerstone Farm nor the show management is responsible for any accident, loss or injury.

Sign here 

_____ Date _____

Exhibitor's signature (parent/guardian if exhibitor is under eighteen)