

Entry # \_\_\_\_\_

# 2024 Cornerstone Farm Open Schooling Show Series

(Please circle show date) **May 19** **June 16** **August 25** **September 15** **October 13**

86 Foster Center Rd., Foster Rhode Island 02825

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

Name of Horse <i>(one per entry)</i> _____	
Exhibitor _____	DOB _____
Address _____ Town _____	
State _____	Zip _____ Email _____
Stable _____	Phone _____

### Check Divisions Entered:

- \_\_\_ **Lead Line** Classes 8, 9, 10
- \_\_\_ **Cross Rails Hunter** Classes 1, 2, 6
- \_\_\_ **Low Hunter** Classes 3, 4, 7
- \_\_\_ **4-H (W/T/C)** Classes 5, 23, 24, 25
- \_\_\_ **4-H Walk Trot** Classes 5, 11, 12, 13
- \_\_\_ **Walk Trot 10 & under** Classes 26, 27, 28
- \_\_\_ **Walk Trot 11-17** Classes 20, 21, 22,
- \_\_\_ **Adult Walk Trot** Classes 14, 15, 16
- \_\_\_ **Open (W/T/C)** Classes 17, 18, 19
- \_\_\_ **Novice W/T/C** Classes 32, 33, 34
- \_\_\_ **Green Horse** Classes 29, 30, 31
- \_\_\_ **Open Gymkhana** Classes 35, 37, 39
- \_\_\_ **Walk Trot Gymkhana** Classes 36, 38, 40

*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 \$50 = \$ _____
Office Fee @ \$20/ per entry =	\$ <u>20</u>
Hunter Warm Ups @ \$10/round =	\$ _____
Post Entry Fee @ \$20/ entry =	\$ _____
<i>(Post entry fee due if not received by the Friday before show)</i>	
<b>Total Entries Due</b>	<b>\$ _____</b>
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OFFICE USE ONLY- Cash/ Check	\$ _____
Associate with Entry(s)#	_____
Coggins/Rabies	<input type="checkbox"/>

- 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.

Date \_\_\_\_\_

**Sign here**