

CRAPAUD EXHIBITION --- MARITIME BARREL RACING JACKPOT
 Saturday July 31st and Sunday Aug 1st 2010 --- \$3000 added

Name:	Telephone:
Horse:	Ring #

Small Fry	SATURDAY Ribbons	Changes	SUNDAY Ribbons	Changes
Small Fry Barrels	\$0		\$0	
Small Fry Poles	\$0		\$0	
Small Fry Dash	\$0		\$0	
Pony	SATURDAY Ribbons		SUNDAY Ribbons	
Pony Barrels	\$0		\$0	
Pony Poles	\$0		\$0	
Pony Dash	\$0		\$0	
Youth	SATURDAY \$50 added each run		SUNDAY \$50 added each run	
Youth Barrels	\$5		\$5	
Youth Poles	\$5		\$5	
Youth Dash	\$5		\$5	
Novice	SATURDAY \$225 added each run		SUNDAY \$225 added each run	
Novice Barrels	\$10		\$10	
Novice Poles	\$10		\$10	
Open	SATURDAY \$300 added each run		SUNDAY \$300 added each run	
Open Barrels	\$20		\$20	
Open Poles	\$20		\$20	
Open Dash	\$20		\$20	

Gate rebate deduct \$6	\$6
Stabling required YES ___ NO ___ (Stabling \$20 per day/night) 1 bag shavings included	
Stabling required YES ___ NO ___ (Stabling \$15 second day/night)	
Shavings can be purchased @\$7.50 per bag. Straw cannot be used in barn for bedding	
Horses and or ponies not stabled in the barn, but staying on the grounds will be charged a \$10 fee	
Late registration fee \$10 per horse	
Cheques payable to Crapaud Exhibition Jackpot -TOTAL	

- **Only 44 stalls available ... When we receive your entry your stall is booked.**
- **It is strongly preferred that competitors ride no more than two horses per class**
- **15% administrative fee charged by Crapaud Exhibition Association**

WARRANTY. I, the undersigned, acknowledge that Crapaud Exhibition Association and the Maritime Barrel Racing Association shall not be held responsible for any damages resulting from accidents, illnesses, or injury to any person, horse or property, whether or not such damage is due to negligence. I recognize that all equestrian sports involve inherent risk and that no helmet or protective equipment can protect against all foreseeable injury. I hereby accept this risk and hold harmless the property owner, the competition, their officials, organizers, agents, volunteers, employees and their representatives.

Signature: _____ (parent or guardian if under 18)

Each exhibitor must provide proof of insurance. Company _____ Insurance# _____

GERALD DIXON, RR#1 CRAPAUD, PEL. COA 1JO
HOME# 902 658 2393 --- FAX# 902 658 2198