

S.M.A.R.T.
(Southern Maine Association For Riding Trails)
P.O. Box 242
South Berwick, Maine 03908
TRAIL RIDE ENTRY FORM

FORM(S) AND MONEY MUST BE RECEIVED AT SMARTS POST OFFICE BOX NO LATER THAN THE WEDNESDAY PRECEDING THE RIDE TO QUALIFY FOR PRE-REGISTERED PRICES

Prices Schedule: Ride & Meal: \$20.00 for Members - \$25.00 for Non-Members. Meal Only: \$10.00. These are pre-registered prices, which means that **S.M.A.R.T., Inc. must receive your form(s) and money no later than the Wednesday preceding the ride.** The minimum amount for pre-registration is \$10.00; if money is not included with the form, the registration is not going to count. (You can pay the balance the day of the ride.) If you do not pre-register, you are still welcome to come and participate in the ride and meal, but add \$5.00 to the above prices. **NOTE: IF YOU WANT TO SIT DOWN FOR DINNER, BRING A CHAIR**
Pre-registrations are not accepted over the phone. Proof of Current Negative Coggins required upon request. NO DOGS ALLOWED.

Send form(s) and money to: S.M.A.R.T., Inc., P.O. Box 242, South Berwick, ME 03908.

Rider's Name _____

Complete Mailing Address. _____

Town _____ State _____ Zip _____

Telephone Number: _____ Email: _____

In Case of Emergency, Notify: _____ Tel# _____

Horses Name: _____ Breed: _____

Color/Markings: _____

S.M.A.R.T., Inc. (Circle One) I am a:.....Member.....Working Member..... Non-Member,

Check One please: () Ride and Meal () Meal Only

WAIVER OF LIABILITY

I understand that involvement with horses can be a dangerous activity. I understand that S.M.A.R.T., Inc. and/or its members, and/or the property owners of land crossed, and/or other riders shall not be held liable for any harm/death/damages to myself or my horse or my property which might occur during this event/trail ride.

I certify that the above named horse , which I will ride on this S.M.A.R.T., Inc. trail ride, possesses a current NEGATIVE COGGINS TEST. S.M.A.R.T., Inc. realizes that not everyone is the owner of the horse they ride, however, the rider signed below will be held responsible to confirm/verify existence of Negative Coggins Test of the mount they are riding.

SIGNATURE OF RIDER _____ Date _____

If Rider is under 18 yrs.

Parents Must Sign Here _____ Date _____

NOTE: Mail registration fee and this form to: **SMART, Inc; P.O. Box 242; South Berwick, ME 03908**

IT IS IMPORTANT to register for a ride or membership, "**one application**" is to be completely filled and submitted "**per person**". **Applications with two or more names will not be accepted.** All payments according to terms are to be fulfilled and mailed to SMART. No credit or promises of payment will be accepted. **E-mail replies will not be accepted,** we must have payment mailed to us with form(s). If terms are not honored, each person will be held responsible for paying full price for the SMART ride when they attend, no exceptions.

CHECK LIST"

DID YOU ENCLOSE YOUR \$10.00 MINIMUM CHECK?

DID YOU SIGN THE FORM?

ARE YOU MAILING THIS BY MONDAY?