

S.M.A.R.T.
SOUTHERN MAINE ASSOCIATION FOR RIDING TRAILS
TRAIL RIDE ENTRY FORM

**FORMS AND MONEY MUST BE RECEIVED NO LATER THAN THE WEDNESDAY
PRECEDING THE RIDE TO QUALIFY FOR PRE-REGISTERED PRICES.**

Prices Schedule: **Ride and meal: \$20.00 for members- \$25.00 for nonmembers. - Meal Only: \$10.00**
These are pre-registered prices, **which means that S.M.A.R.T, Inc must receive your form(s) 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 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-registration are not accepted over the phone. Proof of current Negative Coggins required upon request. **NO DOGS ALLOWED**

Send form(s) and money to: Joyce Winchell, 80 Winchell Lane, Acton, Maine 04001

Rider's Name: _____

Mailing Address: _____

Town: _____ State: _____ Zip: _____

Telephone Number: _____ E-Mail: _____

In Case of Emergency: _____ Tel: _____

NEHT Rider's Name & #: _____ NEHT Horse Name & #: _____

NHH&T Rider's Name: _____ Horse's Name: _____

Check One Please: I am a S.M.A.R.T : Member Working Member Non-Member

Check One Please: I am Attending: 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, NHH&T, NEHT 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 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 NEG.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 18yrs

PARENT SIGNATURE: _____ **DATE:** _____

CHECK LIST: **DID YOU ENCLOSE \$10.00 MINIMUM CHECK?**
DID YOU SIGN THE FORM?
ARE YOU MAILING THIS BY MONDAY?

NOTE: Mail registration form & fee to: Joyce Winchell, 80 Winchell Lane, Acton, Maine 04001
ANY QUESTIONS: JOYCE WINCHELL 207-636-3622 horsingrnd@metrocast.net