

TREC to Escape Cabin Fever At

(Please use a separate form for each entry – entry MUST BE COMPLETE including Happ's, Inc. Waiver unless one is already on file.)



Competitor: _____

Address: _____

City, State, Zip: _____

Email: _____

Phone: H _____ C _____

Approximate arrival time and date: _____

Please stable with: _____

Tenderfoot-Beginner Adventurer –Experienced

Equine Name: _____ Age: _____

Color: _____ Breed: _____ Sex: _____

Special needs or requests? _____

Please include the Happ's Waiver (if not already on file) with entry.

Permission for a minor to show: Date of Birth: _____

I hereby consent to the entry of my child, _____, in this horse event and certify that I have read the foregoing representations and statements and that the same may be deemed a part thereof, and hereby accept responsibility thereunder for the participation of said minor.

Signature of Parent/Guardian: _____

Entry fee @ \$40 \$ _____

Post entry fee (call first) additional \$10 \$ _____

Schooling Fee for Sunday @ \$25 \$ _____

Stabling fee @ \$30 per stall 3pm Fri – 3 p.m. Sat
Includes shavings. Please clean before leaving.
(No overnight self-stalling allowed.) \$ _____

Make prior arrangements for early arrival or late departure.
Additional nights' stalling (pre-approved) \$10 per night \$ _____

Add'l nights needed: _____

Current 2009 Friends of Happ's: Evgr For Sh Em

2009 Friends of Happ's Membership \$ _____
(Evergreen @ \$50; Forest @ \$100; Shamrock @ \$150;
Emerald \$200)

Saturday lunch provided.

TOTAL FEES ENCLOSED: \$ _____

Show copy of negative Coggins test (w/i 6 months) for out-of-state horses (not WA and OR) before unloading.

Make checks payable to:



1489 US Hwy 12
Ethel, WA 98542-9732