# TRF/Equine Affaire Benefit Ride

### Saturday, April 27, 2019

Borderland State Park, N. Easton, MA 02356

Ride from: 9am – 2pm Cookout to follow ride: 12pm – 2pm Tack Sale & Raffles

All riders will check in at the registration table, check in time begins at 8:30am
\*\*New England Horse and Trail Affiliated Ride: 6, 12, or 18 miles\*\*

\*T.I.P. Recreational Riding Incentive Program eligible\*

\*\*\*Entry Blank – DEADLINE for Pre-Entry and Payment due: Tuesday, April 23, 2019\*\*\*

(pre-entry encouraged as it helps to gauge food needs)

RIDER INFORMATION: PLEASE PRINT ALL INFORMATION CLEARLY

Rider Name:	NEHT# (if appl.):	
Address:		
City/State/Zip:		
	E-Mail Address:	
Home Telephone:	Cell/Work Telephone:	
Parent/Guardian Name (if Rider	under 18):	
Address of Parent/Guardian:		
	Home):(Cell/Wo	
RIDER INSURANCE INFORMATION Whom to Call In Case of Emers	<b>ON</b> : <i>PLEASE PRINT ALL INFORMATION</i> gency:	
	seriey.	
	#:	
	nd Telephone Number:	
I, hereby grant TRF/ Equine Affaire E emergency treatment determined necessindividual.	ssary to protect the health and well be	ing of the above-named
	Dat	te:
(Parent/Guardian must sign if ri	der is under 18 years of age.)	
HORSE INFORMATION: (for NEH	Γ points/miles): PLEASE PRINT CLEARL	LY; CIRCLE MILES RIDING
Name:	NEHT#:	Miles: 6 12 18

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### \*\*\*Borderland State Park: (Directions & Trail Maps)\*\*\*

Directions: <a href="http://www.mass.gov/dcr/parks/borderland/directions.htm">http://www.mass.gov/dcr/parks/borderland/directions.htm</a>

Trail Maps: http://www.mass.gov/dcr/parks/borderland/brochures.htm

\*\*\* Please note there is a \$5.00 fee to park at Borderland as it is a State Park \*\*\*

#### **Make Checks Payable to:**

TRF (Thoroughbred Retirement Foundation)
\*\* TRF is a 501(c)(3) Non Profit, your contribution is tax deductible\*\*

Cost per Rider/Pre-Entry (Deadline April 23, 2019): \$25.00 (includes pre-ride refreshments and lunch)

\*\*\*Cost per Post Entries/Day of Event: \$35.00 (pre-ride refreshments / lunch included) \*\*\*

Additional Lunches Requested:	 x \$5.00 (each) =	
Additional Donation Amount: _		
Total Amount Enclosed:		

Please Mail Entries (postmarked no later than Tuesday, April 23, 2019)

Entries MUST have entry form and signed waiver

\*\*\*Horses MUST have a current negative Coggins, may attach copy or bring to registration table\*\*\*

**Mailing Address:** 

Christina Sawelsky 8 Kennedy Rd Sharon, Ma. 02067