

Post Mark Date August 15th

Gate Passes will be mailed
CCF FAIR SHOW 2026 August 30TH

Affiliated with NEK Show Series

Location: Caledonia County Fair Grounds ~ Lyndonville, VT

**** ONE FORM PER HORSE/RIDER COMBINATION ****

Please fill in all **HIGHLIGHTED** AREAS!

SHOW #

EQUINE NAME - Please print clearly				BREED	AGE	SEX
EXHIBITOR NAME - Please print clearly				AGE	DIVISION	ENG OR WEST
MAILING ADDRESS - Please print clearly				CITY	STATE	ZIP
EMAIL - please provide if you have one				PHONE #		

PUT EACH CLASS # IN A BOX

1	2	3	4	5	6	7	8	9	10
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CHAMPIONSHIP CLASS #

1	2	3	4	5
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REQUIRED WITH ENTRY:

- ___ Copy of coggins/rabies vaccination dated within 12 months
- ___ Signature of Exhibitor/Parent below
- ___ Payment via cash, check or money order

MAIL ENTRIES TO: Trish Switser
 382 White School Rd. East Burke, VT 05832
 802-535-9637 trishnewland@ymail.com

PAID VIA: CASH _____ \$ _____
 CHECK # _____ \$ _____

Pre-Entry Class Fee \$10/\$15 Each (plus, office Fee)	\$
Post Entry One Time \$20 Fee Per Horse	\$
All Day Fee \$100 (plus office fee)	\$
OFFICE FEE Non-Refundable	\$20
WMRC Fee \$ 5	
NEK Horse Show Series Fee \$ 20	
Make Check's Payable to CRFS	

BY SIGNING THE ENTRY FORM, YOU ATTEST THAT Caledonia County Fair Association, White Mountain Ridding Club, Orleans County Fair & NEK Horse Show Series, show committee and/or its committee members, show officials, show employees or agents will not be responsible for any accident that may occur to any animals, person or property, and each exhibitor shall hold them harmless and indemnify them against any legal proceedings or liabilities from any such accident or loss of property caused to or by the property or employee of such exhibitor

SIGNATURE OF EXHIBITOR OR PARENT/GUARDIAN _____ **Date** _____

Parent/Guardian must sign if exhibitor is 18 & under

Media Release

I hereby give the **CCF & Affiliated Shows** its successors and assign the right to use my image likened and voice in any and all media now or hereafter created, including online website and or Facebook page(s) for advertising, marketing and promotional purposes.

I waive the right to inspect or approve the finished product. Waive and right to royalties or other compensation.

I release and forever discharge **CCF & Affiliated Shows** from any and all claims, liability, action, suites demands, cost, expenses or indebtedness arising out of, related to, or in any way connected with the use of images and materials described herein. By signing I confirm I am at least 18 years of age or the parent/guardian of a minor child to which this release applies. If you are a minor child under 18years of age your parent or legal guardian must consent to this release on your behalf.

Date: _____

Name: _____ Birth Date: _____

Email: _____

Address: _____ City: _____

State: _____ Zip: _____

Parent/Guardian Signature: _____