

Mail Entries or Fax to: Swan Lake Stables
 381 Flatbush Rd., Littlestown, PA 17340
 Must Include Checks Payable to:
 Swan Lake Stables

- Summer Siesta I July 17 #323785 Summer Siesta II July 18 #323786
 Back to Back B I July 31 #317062 Back to Back B II Aug. 1 #317063
 Swan Song I Aug. 21 #323784 Swan Song II Aug. 22 #317058 Summer Finale Aug. 29 #323782

Coggins Number _____
 Date Read _____

2010 Swan Lake Stables "B" Entry Blank

Ofc. Use	Name of Horse or Pony					USEF #	Riders	Circle	Classes
							Rider One	Jr Am Pro	Rider One Classes
	Color	Sex	Height	Age	Green 1 2	Horse/Pony SM MD LG	Rider Two	Jr Am Pro	Rider Two Classes

Owner/Agent	Rider One	Rider Two	Trainer
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Circle: Junior <input type="radio"/> Amateur <input type="radio"/> Professional <input type="radio"/> Print Name: _____ Address: _____ Phone: _____ USEF # _____ E-Mail: _____ Social Security # _____	Circle: Junior <input type="radio"/> Amateur <input type="radio"/> Professional <input type="radio"/> Print Name: _____ Address: _____ Phone: _____ USEF # _____ Birthdate _____ E-Mail: _____ Social Security # _____	Circle: Junior <input type="radio"/> Amateur <input type="radio"/> Professional <input type="radio"/> Print Name: _____ Address: _____ Phone: _____ USEF # _____ Birthdate _____ E-Mail: _____ Social Security # _____	Circle: Junior <input type="radio"/> Amateur <input type="radio"/> Professional <input type="radio"/> Print Name: _____ Address: _____ Phone: _____ USEF # _____
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FEDERATION ENTRY AGREEMENT

Warning - In accordance with PA Act #93 of 2005 you assume the risk of Equine Activities Pursuant to Pennsylvania Law.	I have read the United States Equestrian Federation, Inc. (the "Federation") Entry Agreement (GR906.4) as printed in the Prize List for this Competition and agree to all of its provisions. I understand and agree that by entering this Competition, I am subject to Federation Rules, Prize List, and local rules of the competition. I agree to waive the right to the use of my photos at the competition, and
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agree that any actions against the Federation must be brought in New York State. Federation Release, Assumption of Risk, Waiver, and Indemnification This document waives important legal rights. Read it carefully before signing. I AGREE in consideration for my participation in this Competition Kick Off Classics to the following:

- I AGREE that I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, vaulter, longeur, lessee, owner, agent, coach, trainer, or as parent or guardian of a junior exhibitor. I am fully aware and acknowledge that horse sports and the Competition involve inherent dangerous risks of accident, loss, and serious bodily injury including broken bones, head injuries, trauma, pain, suffering, or death ("Harm").
- I AGREE to release the Federation and the Competition from all claims for money damages or otherwise for any Harm to me or my horse and for any Harm caused by me or my horse to others, even if the Harm resulted, directly or indirectly, from the negligence of the Federation or the Competition. I AGREE to expressly assume all risks of Harm to me or my horse, including Harm resulting from the negligence of the Federation or the Competition. I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) the Federation and the Competition and to hold them harmless with respect to claims for Harm to me or my horse, and for claims made by others for any Harm caused by me or my horse at the Competition. I have read the Federation Rules about protective equipment, including GR801 and EV114, and I understand that I am entitled to wear protective equipment

without penalty, and I acknowledge that the Federation strongly encourages me to do so while WARNING that no protective equipment can guard against all injuries. If I am a parent or guardian of a junior exhibitor, I consent to the child's participation and AGREE to assume all of the obligations of this Release on the child's behalf. I AGREE that "the Federation" and "Competition" as used above includes all of the officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations.

I AGREE that if I am injured at this competition, the medical personnel treating my injuries may provide information on my injury and treatment to the Federation on the official USEF accident/injury report form.

I represent that I have the requisite training, coaching and abilities to safely compete in this competition.
 BY SIGNING BELOW, I AGREE to be bound by all applicable Federation Rules and all terms and provisions of this entry SS# _____

Paddocks Free - 1 Hour Per Day Must Req.	
Night Watch - \$10 or \$4/nt. max \$10	
Office Fee	\$30.00
Only 1 Fee for B Weekend	
USEF Drug Fee	\$15.00
(Drug & Medication \$8; USEF \$7)	
Just World International Donation (\$2.00)	
Zone Fee	\$2.00
Main Barn Stalls - \$225 (No ind. nights)	
Hay Barn Stalls - \$200 (\$95 per night)	
Tent Stalls - \$175 or \$85 per night	
Shavings @ _____ @ \$8.50	
USEF Non Member Fee: \$30	
<input type="checkbox"/> Owner <input type="checkbox"/> Rider <input type="checkbox"/> Trainer	
USEF Non Member Fee: \$30	
<input type="checkbox"/> Owner <input type="checkbox"/> Rider <input type="checkbox"/> Trainer	
Grounds Fee - \$15.00 per day/No stall	
Nomination Fee \$125	
Amount Enclosed - MUST ENCLOSE ALL STALL & NOMINATION FEES. Stalls will not be reseeded without payment.	

Owner/Agent (Mandatory)	Rider One (Mandatory)	Rider Two (Mandatory)	Trainer (Mandatory)
Signature: _____	Signature: _____	Signature: _____	Signature: _____
Print Name: _____	Print Name: _____	Print Name: _____	Print Name: _____
USHJA: Card <input type="radio"/> Aff. <input type="radio"/> Join <input type="radio"/> N/M <input type="radio"/> AM <input type="radio"/>	USHJA: Card <input type="radio"/> Aff. <input type="radio"/> Join <input type="radio"/> N/M <input type="radio"/> AM <input type="radio"/>	USHJA: Card <input type="radio"/> Aff. <input type="radio"/> Join <input type="radio"/> N/M <input type="radio"/> AM <input type="radio"/>	USHJA: Card <input type="radio"/> Aff. <input type="radio"/> Join <input type="radio"/> N/M <input type="radio"/> AM <input type="radio"/>
USEF: Card <input type="radio"/> Aff. <input type="radio"/> Join <input type="radio"/> N/M <input type="radio"/> AM <input type="radio"/>	USEF: Card <input type="radio"/> Aff. <input type="radio"/> Join <input type="radio"/> N/M <input type="radio"/> AM <input type="radio"/>	USEF: Card <input type="radio"/> Aff. <input type="radio"/> Join <input type="radio"/> N/M <input type="radio"/> AM <input type="radio"/>	USEF: Card <input type="radio"/> Aff. <input type="radio"/> Join <input type="radio"/> N/M <input type="radio"/> AM <input type="radio"/>

2010 Pre-Show Hay and Bedding Order

Delivery Information:

Please Check Applicable Line Below:

Summer Siesta I _____ and II _____
Back to Back B I _____ Back to Back B II _____
Summer Swan Song I _____ & II _____ Summer Finale _____

Trainer's Name _____
(Trainer's Name - Not Farm Name)
Arrival Date _____ Arrival Time _____
Stable With _____
(If different from Trainer Above)

Order Information

Shavings # of Bags _____

If you would like your stalls bedded: (No Charge - Please Call Show Concierge at: 717-359-5357)

Hay & Grain _____
of Bales of Timothy _____ # of Pellets _____
of Bales of Alfalfa _____ # of Sweet Feed _____
of Bales of Grass Mixed Hay _____

Billing Information - Please Read Carefully

You may split your charges for hay and bedding among your customers after arrival. This must be done in the show office by the Friday before the show ends for our "A" shows and as early in the day for our one or 2 day shows as possible. This will facilitate your checking out. You should advise your customers that these charges will be on their horse show bill and that they should not check out until after you have split your charges.

Bill to: Trainer Name _____
(Trainer's Name - Not Farm Name)

If Billed to Individual: Enter Horse Name (of horse entered in show), Owner Name and Trainer Name.

Bill to: Horse Name _____
Owner Name _____
Trainer Name _____

All Pre-Show orders must be on this form. Do not phone in orders. You may send this form with your entries or fax at a later date.
Fax number: (717) 359-7793

Ordered by _____
Signature _____ Date _____

**PLEASE PRINT YOUR BILL FROM THE EXHIBITORS TERMINAL BE-
FORE CHECKING OUT.**

More Entry Forms and Stall Info. online at: www.swanlakestables.com
Swan Lake Stables 381 Flatbush Road Littlestown, PA 17340