

Landsman Kill Trail Association

Spring Hunter Pace Entry Form • Sunday, May 15, 2011

Please print clearly. We need complete address, including zip code to mail awards

I/we understand that horseback riding and other equine related activities are HIGH RISK SPORTS and I am participating at my own risk. In signing below, I/we promise as a condition of admission and participation in the Hunter Pace that I/we waive my/our right to sue the Landsman Kill Trail Association or any landowner whose land is being used for the event, for any accident or injury to my person or my horse while engaged in this Hunter Pace. **(Parent or guardian, not trainer, must sign if competitor is under 18 years of age.)**

Name: _____ Phone: _____

Number & Street: _____

City, State, ZIP: _____

Signature: _____ Email address: _____

Name: _____ Phone: _____

Number & Street: _____

City, State, ZIP: _____

Signature: _____ Email address: _____

Name: _____ Phone: _____

Number & Street: _____

City, State, ZIP: _____

Signature: _____ Email address: _____

Division: A- Hunt *or* B -Hilltopper • **Number of riders on Team** _____

Preferred Start time: _____ (9:00 AM to noon, confirmation via email or phone message)

Registration with fee postmarked by May 6 - \$50 per person, includes lunch

Entries Postmarked after May 6 - \$60 per person, includes lunch

Additional lunches, reserved by the 12th - \$10 per person.

Number of riders ____ @ \$50 *or* \$60 (circle one) extra lunches ____ = \$ _____ (Total contribution)

Make checks payable to: **Landsman Kill Trail Association** • **Enclose** copy of negative Coggins (within 2 years) • **Mail to:** Rich Contini 141 Ring Rd, Salt Point, NY 12578

Email springpace@lkta.org • Online www.lkta.org • 845-380-8936

For Secretary's use only

Team No. _____ **Division:** Hunt (A) Hilltopper (B) **Notes:**