

**COGGINS FOR ALL HORSES MUST BE PRESENTED IN THE SHOW OFFICE OR COPIES SENT WITH ENTRIES.**

# MINNESOTA ARABIAN HORSE BREEDERS FALL FESTIVAL September 27 - 29, 2019

ALL HORSES MUST BE STALLED.  
ANYONE WISHING TO STALL TOGETHER PLEASE MAKE NOTE ON THIS FORM.

Send To:  
Leesa Berhow  
N12861 - 190th Street  
Boyceville, WI 54725  
715-643-2494  
lrberhowhss@gmail.com

**PLEASE TYPE OR PRINT - ONLY ONE OWNER PER ENTRY FORM.** All entries must be **COMPLETE**. Enclose correct fees, copies of horse registration papers, copies of Coggins, purchase contract (if applicable), USAE/CE membership cards, amateur certificate (if applicable).  
18 and over Amateurs need USEF cards.

	Name of First Horse	Reg. No.	DOB	Sex	Color	Height		
Auction Foal? Circle YES or NO	Sire	Dam				MAHB Cert#		Entry Fees
Rider/driver/handler		Class Numbers					\$	
	USEF/EC#							
Rider/driver/handler		Class Numbers					\$	
	USEF/EC#							

FOR MORE THAN TWO RIDERS WITH SAME HORSE, USE NEXT TABLE, LEAVING HORSE DATA BLANK

	Name of Second Horse	Reg. No.	DOB	Sex	Color	Height		
Auction Foal? Circle YES or NO	Sire	Dam				MAHB Cert#		Entry Fees
Rider/driver/handler		Class Numbers					\$	
	USEF/EC#							
Rider/driver/handler		Class Numbers					\$	
	USEF/EC#							

FOR MORE THAN TWO RIDERS WITH SAME HORSE, USE NEXT TABLE, LEAVING HORSE DATA BLANK

	Name of Third Horse	Reg. No.	DOB	Sex	Color	Height		
Auction Foal? Circle YES or NO	Sire	Dam				MAHB Cert#		Entry Fees
Rider/driver/handler		Class Numbers						
	USEF/EC#							
Rider/driver/handler		Class Numbers						
	USEF/EC#							

**I would like to be a Patron at the Fall Festival**

Each person signing this entry form acknowledges that he/she has read the front and reverse of this Entry Form and agrees to the applicable terms, conditions, waivers, releases, indemnification and consent as set forth herein. Each person agrees that the information is accurate to the best of his/her knowledge. ALL OWNERS, TRAINERS, RIDERS, DRIVERS & HANDLERS MUST SIGN ON THE BACK. Minor entrants must also have parent/guardian signature(s) on the back.

OWNER (as appears on reg. papers or contract)

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Name belonging to this Soc. Sec.# \_\_\_\_\_

Coach \_\_\_\_\_

Trainer \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

STABLE WITH \_\_\_\_\_

USAE/  
EC# \_\_\_\_\_

Phone \_\_\_\_\_

USAE/EC# \_\_\_\_\_

USAE/  
EC# \_\_\_\_\_

Phone \_\_\_\_\_

_____ Patron Fee @ _____	\$ _____
----- TOTAL CLASS FEES	\$ _____
_____ Office Charge @ \$25 per horse	\$ _____
_____ Medallion Stallion Stalls	\$ _____
_____ Box Stalls @ \$85	\$ _____
_____ USEF Drug Fees @ \$23 per horse	\$ _____
_____ Shavings @ \$7 per bag	\$ _____
_____ Other	\$ _____
_____ ENCLOSED TOTAL FEES	\$ _____

**Pre Entries Close Aug. 31, 2019**

**Post Entries Close Sept. 15 (250 plus class fees)**

EC WAIVER - I hereby certify that every horse, rider and/or driver is eligible as entered and agree for myself and my representatives to be bound by the Constitution and Rules of the Equine Canada at this competition. It is hereby recognized that all equestrian sports involve inherent risk and that no helmet or protective equipment can protect against all foreseeable injury. I hereby accept this risk and hold harmless the EC, the competition, their officials, organizers, agents, employees and their representatives. (EACH OWNER, TRAINER, RIDER, DRIVER, HANDLER AND THEIR PARENTS/GUARDIANS IF MINORS MUST SIGN ON BACK.)

Please enclose e-mail address for confirmation

# \_\_\_\_\_

OFFICE USE ONLY

**A 3% service fee is added to all credit card purchases**

Method of payments (U.S. Funds only):

Check  MasterCard  Visa  
(make check payable to MAHB)

Amount of Charge \$ \_\_\_\_\_

Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_

Name \_\_\_\_\_

Signature \_\_\_\_\_

**FEDERATION ENTRY AGREEMENT**

By entering a Federation-licensed Competition and signing this entry blank as the Owner, Lessee, Trainer, Manager, Agent, Coach, Driver, Rider, Handler, Vaultor or Longeur and on behalf of myself and my principals, representatives, employees and agents, I agree that I am subject to the Bylaws and Rules of The United States Equestrian Federation, Inc. (the "Federation") and the local rules of \_\_\_\_\_ (Competition). I agree to be bound by the Bylaws and Rules of the Federation and of the competition. I will accept as final the decision of the Hearing Committee on any question arising under the Rules, and agree to release and hold harmless the competition, the Federation, their officials, directors and employees for any action taken under the Rules. I represent that I am eligible to enter and/or participate under the Rules, and every horse I am entering is eligible as entered. I also agree that as a condition of and in consideration of acceptance of entry, the Federation and/or the Competition may use or assign photographs, videos, audios, cable - casts, broadcasts, internet, film, new media or other likenesses of me and my horse taken during the course of the competition for the promotion, coverage or benefit of the competition, sport, or the Federation. Those likenesses shall not be used to advertise a product and they may not be used in such a way as to jeopardize amateur status. I hereby expressly and irrevocably waive and release any rights in connection with such use, including any claim to compensation, invasion of privacy, right of publicity, or to misappropriation. The construction and application of Federation rules are governed by the laws of the State of New York, and any action instituted against the Federation must be filed in New York State. See GR908.4.

**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 to the following:

**I AGREE** that the "Federation" and "Competition" as used herein includes the Licensee and Competition Management, as well as all of their officials, officers, directors, employees, agents, personnel, volunteers and Federation affiliates.

**I AGREE** that I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, vaultor, 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 hold harmless and 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 of any nature caused by me or my horse to others, even if the Harm arises or results, 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 while at the Competition. I have read the Federation Rules about protective equipment, including GR801 and, if applicable, 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 all of the above provisions and AGREE to assume all of the obligations of this Release on the child's behalf I represent that I have the requisite training, coaching and abilities to safely compete in this competition.

**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.

**BY SIGNING BELOW, I AGREE** to be bound by all applicable Federation Rules and all terms and provisions of this entry blank and all terms and provisions of this Prize List. If I am signing and submitting this Agreement electronically, I acknowledge that my electronic signature shall have the same validity, force and effect as if I affixed my signature by my own hand.

<b>Rider/Driver/Handler (Mandatory) (U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No)</b>	<b>Owner/Agent (Mandatory)</b>	<b>Trainer (Mandatory)</b>
Signature:	Signature:	Signature:
Print Name:	Print Name:	Print Name:
<b>Rider/Driver/Handler (Mandatory) (U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No)</b>	<b>If Rider/Driver/Handler is a Minor (Mandatory)</b>	<b>Coach (if applicable)</b>
Signature:	Parent/Guardian Signature:	Signature:
Print Name:	Print Parent/Guardian Name:	Print Name:
	Emergency Contact Phone #	
<b>Rider/Driver/Handler (Mandatory) (U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No)</b>	<b>If Rider/Driver/Handler is a Minor (Mandatory)</b>	<b>Rider/Driver/Handler (Mandatory) (U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No)</b>
Signature:	Parent/Guardian Signature:	Signature:
Print Name:	Print Parent/Guardian Name:	Print Name:
	Emergency Contact Phone #	

REQUIRED INFORMATION FOR MINORS SHOWING

Name of Minor \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

Name of Minor \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

## Request for Taxpayer Identification Number and Certification

**Give form to the  
requester. Do not  
send to the IRS.**

<b>Print or type See Specific Instructions on page 2.</b>	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ..... <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
	List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
OR
Employer identification number

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

*No Prize Money will be sent out to anyone  
who has not properly filled out and submitted a W-9 form.  
If you have previously submitted a W-9 and you haven't changed your mailing address, you do  
not need to submit a new form (All W-9's are filed).*