Bib # ___

(office use only)

Maine Trail Riders Association Sunday, May 18, 2025 Open Ranch Horse Show Registration Form Location: MTRA Club House, 6 Tutt Lane, Litchfield, ME

Judge: Bob MacDonald (ECRRA carded)

Warmup at 8:15 am/ Show starts at 9:00 am

Registration Fees: pre-entry must be postmarked by 5/13 or emailed by 5/15 Per Class Pre-Entry: \$8/class Per Class Post Entries (Day of Show): \$10/class \$40/5 classes Office Fee: \$5 PayPal Convenience Fee: \$5 (if paying by PayPal) Refundable Bib Fee: \$5 (we will assign numbers at the show)

Rider Information:

Rider's Name	
Rider's Contact Cell #	
Rider's Age (as of Jan 1)	

Horse Information:

Horse Name (as announced)			
Please circle one:	MARE	STALLION	GELDING
Owner's Name			
Owner's Contact Cell #			
Coggins Test Date (mm/dd/yyyy)		Rabies Vaccination or Titre Date (mm/dd/yy)	

Please circle all classes for this horse/rider combination

1	2	3	4	5	6	7	8
9	10	11	12	13	14	15	16
17	18	19	20	21	22	23	24
25	26	27	28	29	30		

Rider Name:

(office use only)

Pre-registering? (please circle one)	Y		N
Total Number of Classes			
Registration Subtotal	\$		
Office Fee	\$5		
Refundable Deposit for Bib	\$5		
PayPal Convenience Fee (\$5 if applicable)	\$		
Total Due Day of Show	\$		
Payment method (please circle one)	PayPal	Check	Cash



Bib #

Payments can be made via PayPal to Maine Trail Riders Assoc, Inc. or

Make checks payable to MTRA (there will be a \$25 returned check fee for all returned checks)

I hereby certify that every horse, rider and handler is eligible as entered and I agree to be bound by the by-laws and rules of the Maine Trail Riders Association. I further agree that if any damage or loss occurs to any of the horses or property which I may send to the show, that I will make no claims therefor. I further agree to indemnify and hold harmless the show committee and all the horse show officials against all claims, demands, suits and expenses arising out of any injury to any person or animal or to any property caused by myself, my attendant, or my animal.

Signature of Exhibitor:

Signature of Parent or Guardian if a minor: _____

Mail Registration to: MTRA C/O Trudy Bickford, 9 Brown Street, Lewiston, ME 04240

Email Registration to: trudybickford@roadrunner.com

MTRA Use Only	y: Date Received:	Paid?
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CHECK #_____

Cash PayPal