

Maine Trail Riders Association
Sunday, October 12, 2025
October Trail Challenge Registration Form
Location: MTRA Club House, 6 Tutt Lane, Litchfield, ME

Judge: Caitlin Miller

Course walk through starts at 9:00 am

Course patterns will be posted on Facebook and website at least 7 days in advance

Registration Fees: pre-registration is encouraged; discounted rate applies if you also pay by Thursday before the show

Per Class Pre-registration: \$40/class (if **registered and paid** by Thursday before show)

Per Class Post Entries (Day of Show): \$50/class (pre-registration is encouraged even if not paid until day of—you will not be charged if you do not show up)

Office Fee: \$5

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/yyyy)	

Please circle all classes for this horse/rider combination

1 2 3 4 5 6 7

Rider Name: _____
(office use only)

Bib # _____

Pre-registering? (please circle one)	Y	N
Total Number of Classes		
Registration Subtotal	\$	
Office Fee	\$5	
Total Due	\$	
Payment method (please circle one)	PayPal	Check Cash

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: Date Received: _____ Paid? _____

CHECK # _____ Cash _____ PayPal _____