

Lake Champlain Fall Colors Show - September 7th, 2024

All owners and exhibitors participating in ApHC approved shows MUST be ApHC members! **Back#** _____

Name of Horse: (As appears on Reg. Papers)	Registration #	Sex:	Year Foaled:
		M G S (circle one)	
Owner: _____ ApHC# _____ Phone# _____			
Street: _____ City: _____ State & Zip: _____			
Email: _____			

All exhibitors information needs to be completed. **BILL TO:** _____

EXHIBITOR NUMBER 1	Exhibitor Name: _____	Classes:						
	ApHC# _____ Phone: _____							
	Street: _____							
	City: _____ State: _____							
	Zip: _____ Relation to Owner: _____							
	Date of Birth: _____ All Breed 13 & Under 14-18 Non Pro (circle any if applicable)							
EXHIBITOR NUMBER 2	Exhibitor Name: _____	Classes:						
	ApHC# _____ Phone: _____							
	Street: _____							
	City: _____ State: _____							
	Zip: _____ Relation to Owner: _____							
	Date of Birth: _____ All Breed 13 & Under 14-18 Non Pro (circle any if applicable)							
EXHIBITOR NUMBER 3	Exhibitor Name: _____	Classes:						
	ApHC# _____ Phone: _____							
	Street: _____							
	City: _____ State: _____							
	Zip: _____ Relation to Owner: _____							
	Date of Birth: _____ All Breed 13 & Under 14-18 Non Pro (circle any if applicable)							

Heath Requirements: Horses stabled within New York State must have a Negative Coggins Test dated 2023 or 2024. Horses stabled outside New York including Canada must have a Negative Coggins Test dated within 6 months. Copy of rabies Certificate over 30 days old to be kept on file by LCAC.

I herby enter at my own risk and agree to abide by all the rules of the LCAC Horse Show. I further agree to indemnify the LCAC and owners of the property upon which the show is held, against any claims, demands, or suits and expenses arising out of any injury to any person or damages to any property caused by or to my horse (s), attendants, or myself. Presentation of a signed entry form shall be deemed acceptance of these rules and in the event of failure to sign the entry form, the first entry into the show ring shall be deemed as acceptance of said rules.

SIGNATURE BELOW INDICATES THE SIGNER HAS READ AND UNDERSTANDS ALL OF THE ABOVE

Owner's, Trainer's, or Parent's Signature

All ApHC Classes:	\$10 x _____ Classes
All All Breed Open Classes	\$10 x _____ Classes
ApHC National Point Fees: (only for ApHC classes)	\$5 x _____ Exhibitors
Exhibitor Fees:	\$5 x _____ Exhibitors
Stalls*:	\$15 x _____ Stalls
<i>All stalls MUST be stripped, you must bring your own bedding</i>	
Camper Hookup:	\$30X ___ per night
<i>*Water, Sewer & Electric Available</i>	
Checks made Payable to LCAC	TOTAL

****All manure on lawn near horses tied to trailers must be moved to piles on the gravel path roadways or in designated wheelbarrows****

Show Information Donna Sorrell 518.578.0515
 SorrellD@aol.com www.lcaccapclub.com
Show Manager Michelle Moore 315.323.1492

Checks made Payable to LCAC

Mail Entries and Payment to:
 Megan Sorrell, 33 Elm St, Champlain, NY 12919
Email Entries: lcaccapclub@gmail.com

ALL MAILED ENTRIES MUST BE RECEIVED BY August 30th, 2024