Presents

OCALA IN JULY

JULY 6, 2019

www.pasofinoocala.com

PFHA SHOW # 9146

USEF COMPETITION LITE #339071

2 JUDGES ~ SEPARATE DECISIONS
HON. SOFIA PASSARIELLO ~ HON.DEREK FERNANDEZ
STEWARD: CHARLES "BOB" CAMPBELL
RINGMASTER: SALLY STRUSS
ANNOUNCER: ROSEY MORENO-JONES
VETERINARIAN ON CALL: HIRAM POMALIS
352-207-3412

SHOW MANAGER: ALEI ORTIZ ~352-427-0242
SECRETARY: PAULA FRETWELL ~ 813-727-5879
36510 PATTON RD ~ DADE CITY, FL ~ 33523
BARN MANAGER: KENNY ROLON~786-478-9792
SAFETY COORDINATOR: MIGUEL DIPIERRI
VETERINARY HOSPITAL: PETERSON & SMITH
352-237-6151

FACILITY: SOUTHEASTERN LIVESTOCK PAVILION ~ 2232 NE JACKSONVILLE ROAD, OCALA FL 34470
352-854-5606

DRIVING DIRECTIONS: FROM I-75, TURN EAST ON TO US-27 VIA EXIT 354 TOWARD OCALA.SILVERS SPRINGS. FOLLOW US 27 TO 301N/441N. TURN NORTH (LEFT) ON TO 301N /441N. TURN RIGHT ON TO NW 20TH ST/COUNTY HY-200A/OLD JACKSONVILLE RD. FACILITY ON LEFT, FIRST ENTRANCE.

ENTRIES:

PHONE: 813-727-5879 **FAX:** 888-893-7119 **EMAIL:** PAULAJFRETWELL@GMAIL.COM

FORMS REQIURED TO SHOW: COMPLETED ENTRY FORM (FRONT AND BACK), HORSE REGISTRATION CERTIFICATE, CURRENT NEGATIVE COGGINS, 30 DAY HEALTH CERTIFICATE (OUT OF STATE HORSES), CURRENT PFHA MEMBERSHIP CARDS, DOCUMENTATION OF EQUINE INFLUENZA VIRUS (EIV), AND EQUINE HERPESVIRUS (EHIV0 VACCINATIONS WITHIN 6 MONTHS ENTRIND INTO STABLE.

RETURN CHECKS/REJECTED CREDIT CARDS ARE CHARGED A $75.00 PROCESSING FEE
LEAVING SHOW WITHOUT SETTLED ARE CHARGED $150.00

ENTRY FEES:

$200.00 (1 STALL, 1 CLASS, 1 CHAMPIONSHIP CLASS, 1 BAG SHAVINGS) RECEIVED BY 6/28/2019
$225.00 (1 STALL, 1 CLASS, 1 CHAMPIONSHIP CLASS, 1 BAG SHAVINGS) AFTER 6/28/2019
TACK STALL: $75.00
NON COMPETE HORSE: $125.00
ADDITIONAL CLASS FEE: $70.00/CLASS
ADDITIONAL CHAMPIONSHIP CLASS: $50.00/CLASS

OTHER FEES:

OFFICE FEE: $15.00
SHAVINGS: $8.50
RV SPACE: $85.00 (2 DAYS ONLY)
ARENA BANNERS: $50.00

SPONSORSHIPS:

CLASS: $50.00 (1 CLASS)
$100.00 (3 CLASSES)

VENDORS:

TACK: $150 **FOOD:** $300.00 **RETAIL:** $50.00
ONLY VENDORS APPROVED AND PAID BY OPFHA BOD - NO ROAMING VENDORS

HOST HOTEL:

COMFORT INN SUITES OCALA NORTH 352-482-0800 **$94.00/NIGHT**
3825 BLITCHON ROAD OCALA FL, 34475 RESERVE YOUR ROOM NOW

OTHER ACCOMIDATIONS:

SPRING HILL SUITES BY MARRIOTT 352-500-0501 **$119.00/NIGHT**
4100 SW 40TH STREET OCALA FL, 3474 BOOK YOU GROUP RATE

FACILITY RESTRICTIONS:
DUE TO THE STATE OF FLORIDA AND LOCAL FIRE REGULATIONS, NO SMOKING OR OPEN FLAMES OF ANY KIND ARE PERMITTED IN THE BARNS, MAIN AREA, OR CONCOURSES. NO COOKING ALLOWED IN BARNS. RIDING A HORSE IN THE BARN IS NOT PERMITTED. EXHIBITORS, HELPERS AND TRAINERS ARE ASKED TO WALK THE HORSE ON A LEAD TO THE PREPISTA/AREANA AREA OR OUTSIDE THE BARN.
VIOLATERS WILL BE ASKED TO LEAVE AND MAY BE SANCTIONED BY PFHA. SHOW FEES WILL NOT BE REFUNDED. LOS VIOLADORES SE LE PEDIRÁ QUE DEJEN LAS FACILIDADES Y PODRÁN SER SANCIONADOS POR LA PFHA.

MOTORIZED VEHICLE STATEMENT: MINORS THAT DO NOT HAVE A VALID DRIVERS LICENSE WHICH ALLOWS THEM TO OPERATE A MOTORIZED VEHICLE IN THE STATE IN WHICH THEY RESIDE WILL NOT BE PERMITTED TO OPORATE A MOTORIZED VEHICLE OF ANY KIND, INCLUDING, BUT NOT LIMITED TO GOLF CARTS, MOTORCYCLES, SCOOTERS, FARM UTILITY VEHICLES, HOVERBOARDS, ON THE COMPETITION SHOW GROUNDS OF LICENSED COMPETITION. MINORS WHO HAVE VALID TEMPORARY LICENSE MAY OPERATE TH EABOVE DESCRIBED MOTORIZED VEHICLES AS LONG AS THEY ARE ACCOMPANIED BY AN ADULT WITH A VALID DRIVERS LICENES. THE PARENT(S), LEGAL GUARDIAN(S), OR INDIVIDUAL(S) THAT SIGN THE ENTRY BLANK AS PARENT OR GUARDIAN OF A MINOR OPORATING A MOTORIZED VEHICLE IN VIOLATION OF THIS RULE ARE SOLELY RESPONSIBLE FOR ANY DAMAGES, CLAIMS, LOSSES OR ACTIONS RESULTING FROM THAT OPERATION. VIOLATION OF THIS RULE WILL BEW CAUSED FOR SANCTIONS AGAINST THE PARENT(S), GUARDIAN(S), OR TRAINER(S) WHO ARE RESPONSIBLE FOR THE CHILD COMMITTING THE OFFENSE. PENTALTIES MAY INCLUDE EXCLUSION OF THE SHILD, PARENT(S), GUARDIAN(S), OR TRAINER(S) FROM THE COMPETITION GROUNDS FOR THE REMAINDER OF THE COMPETITION AND CHARGES BEING FILED AGAINST ANY OF THE ABOVE INDIVIDUALS IN ACCORDANCE WITH CHAPTER 6. WHEELCHAIRS AND OTHER MOBILITY ASSISTANCE DEVICES FOR INDIVIDUALS WITH DISABILITIES ARE EXEMPT FROM THIS RULE.

REFUNDS:

REFUNDS ONLY AVAILABLE WITH WRITTEN VETERINARIAN EXCUSE. OWNERS SUBJECT TO STALL FEE IN THE AMOUNT OF $ 75.00

OPFHA Stall Reservation / R.V. Space Request

Sorry, No Phone Requests Accepted

All stall reservations must be paid in advance with a credit card or a check. Credit cards and checks will be deposited upon receipt. Request will be placed in the order (date and time) that full payment is received. Refunds will only be made if the stall is reassigned OR accompanied by a veterinarian excuse. A $25 administrative fee will be charged. Reimbursement will be issued within 15 days of the last day of the show. We will do our best to accommodate stalling preferences, but we cannot guarantee. The use of a credit card will incur a 3% transaction fee.

FARM NAME:_____

GROUP YOU WISH YOUR HORSE TO BE STABLED WITH: _____

	Participating Horse Name	Owner/NICKNAME	# Shavings	Stall #
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
		TOTAL		

R.V. Space Information

( ) I would like to reserve an RV space. In understand that the cost is $125.00 for the Show Dates.

Arrival Date:_____ Departure Date: _____

Please note there are a limited number of RV spaces and we cannot guarantee there will be space available. Make your reservations early.

Payment Information/Credit Card Authorization (PLEASE PRINT)

( ) Check Payable to Southern Regional PFHA

( ) Credit Card ( ) Visa ( ) Master Card ( ) American Express

Name on Card:_____ Expiration Date: _____

Card Number: _____ Security Code: _____

Billing Address: _____

Cardholder Signature: _____ Date: _____

Email Address: _____ Phone #: _____

By completing the above information, you authorize SRPFHA to charge the credit card account for the above.

THERE IS A 3% PROCESSING FEE THAT IS ADDED TO THE TOTAL

PLEASE FAX/EMAIL THIS COMPLETED FORM TO THE OPFHA SHOW

SECRETARY: Paula Fretwell: paulajfretwell@gmail.com FAX 888-893-7119

Paso Fino Horse Show Entry Form

Hrs #	EB #
W-9	C H V

Name of Show OCALA IN JULY **Location** OCALA, FL **Show Dates** JULY 6,2019 Entries must be accompanied by PFHA cards for each owner, all riders, and trainer; USEF cards for one owner, all riders and trainer; health papers required by law (coggins, vaccine, health); if applicable, copies of Lease Agreement and Affidavit of Sales Contract. Pre-entry prices will not be honored if all credentials are not included by pre-entry deadline.

REQUIRED SIGNATURES ON REVERSE!!!

Horse's Complete Registered Name_____

Sire_____ **Dam**_____

PFHA Reg. #_____ **USEF Reg #**_____ **(if appl.)** **MicroChip #**_____ **(if appl.)**

Horse Sex_____ **Foaling Date**_____**Horse Color**_____

Cls #		Rider/Handler Full Name	Jr. DOB	PFHA #	USEF #	ENTRY FEE
	Bella Forma					

PERSON RESPONSIBLE FOR PAYING BILL_____

SEND PAYBACKS TO_____

(If not designated, payback will be sent to the first owner listed below)

(Only One Owner's USEF Membership is Needed Below

OWNER_____

PFHA Mem #_____ USEF Mem #_____

OWNER_____

PFHA Mem #_____ USEF Mem #_____

OWNER_____

PFHA Mem #_____ USEF Mem #_____

ADDRESS_____

CITY _____**STATE**_____**ZIP**_____

CELL #_____

E-MAIL_____

Total Entry Fees from Above	
USEF Fee @ $23 (DM-$15/USEF-$8)	23.00
USEF Show Pass Fee _____ People x $45	
USEF Membership _____ People x $80	
PFHA Membership Fees	
PFHA Affidavit Fee _____ x $40	
_____ Horse Stalls x $_____ ea.	
_____ Tack Rooms x $_____ ea.	
_____ Shavings x $_____ ea.	
_____ RV Fees x $_____ ea.	
_____ Visiting Horse Fee x $_____ ea.	
Other	
TOTAL FEES	

All Entries must be Paid In Full when entries are made
All Faxed entries must be Paid In Full with a Credit Card

If paying with credit card, please complete the Credit Card Form and submit with your entries.

NOTE: If entered in A/O class, please give relationship of rider to owner:

_____.

If rider or an immediate relative is not the current owner of record, but is in process of purchasing the horse, an Affidavit of Sale form, with all required signatures, must be included with your entry.

RIDER ONE ADDRESS – Same as owner (please check) ☐ **If not, list below:**

Address_____

City/State/Zip_____

RIDER TWO ADDRESS – Same as owner (please check) ☐ **If not, list below:**

Address_____

City/State/Zip_____

RIDER THREE ADDRESS – Same as owner (please check) ☐ **If not, list below:**

Address_____

City/State/Zip_____

Stable With:_____

☐ With
☐ Near

TRAINER _____ **PFHA Mem #**_____ **USEF Mem #**_____

Address_____ **City/State/Zip**_____

Cell #_____ **Email** _____

Office Use Only: C.C. - V – MC – AmEx – Disc Date run_____

Date Rec'd._____ Amt. Rec'd. $_____ Ck #_____ From_____ Bal. $_____ C.C. Approval #_____

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, Vaulter 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 the 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.

United States Equestrian Federation, Inc. Entry Agreement

Federation Release, Assumption of Risk, Waiver and Indemnification. This document waives important legal rights. Read it carefully before signing.

I have read the United States Equestrian Federation, Inc. (the "Federation") Entry Agreement (GR906.4) as printed in the Prize List for this Competition and agree to all of its provisions. I understand and agree that by entering this Competition, I am subject to Federation Rules, the Prize List, and local rules of the competition. I agree to waive the right to the use of my photos at the competition, and agree that any actions against the Federation must be brought in New York State.

I **AGREE** in consideration for my participation in this Competition to the following:

I **AGREE** that the "Federation" and "Competition" as used above includes all of their officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations.

I **AGREE** that I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, vaulter, 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.

EMERGENCY CONTACT PHONE NUMBER(S) DURING SHOW: _____

OWNER (Mandatory – Name & Signature required))	Print Name	Signature X	◄ ◄ ◄ **NOTE** ► ► ► **A MINOR'S NAME CANNOT APPEAR ON ANY SIGNATURE LINE!! ADULT NAMES ONLY**
TRAINER (Mandatory – Name & Signature required))	Print Name	Signature X	
RIDER/DRIVER/HANDLER/VAULTER/LONGEUR (Mandatory)	Print Name	Signature X	Rider U.S. Citizen? Yes_____ No_____
RIDER/DRIVER/HANDLER/VAULTER/LONGEUR (Mandatory)	Print Name	Signature X	Rider U.S. Citizen? Yes_____ No_____
RIDER/DRIVER/HANDLER/VAULTER/LONGEUR (Mandatory)	Print Name	Signature X	Rider U.S. Citizen? Yes_____ No_____
RIDER/DRIVER/HANDLER/VAULTER/LONGEUR (Mandatory)	Print Name	Signature X	Rider U.S. Citizen? Yes_____ No_____
COACH - Other than trainer (If Applicable)	Print Name	Signature X	**PFHA #** **USEF #**
Parental Consent for Minor	**PRINT MINOR NAME HERE**	**Print Name of Parent/Guardian**	Signature X
Parental Consent for Minor	**PRINT MINOR NAME HERE**	**Print Name of Parent/Guardian**	Signature X