

April 17th _____, May 22nd _____, June 19th _____ amount enclosed _____

Please inclose a copy of your horses Negative Coggins. Must be within two years state law.

RIDER'S NAME:

AGE: _____

ADDRESS:

PHONE:

EMAIL:

HORSE'S NAME:

AGE: _____

I understand that horseback riding can be a dangerous sport. There are circumstances that no one can be held responsible for due to the unpredictable nature of the horse. Therefore; I accept responsibility for any damages or injury to person or proper done by me or horse ridden by me and I will not hold Victoria Mather and Gregory Pierson or N.J. Division of Wildlife Management responsible for loss, damage or injury. I understand that if I am over 18 and I choose to ride without a helmet that I make that choice of my own free will. I WILL RIDE AT MY OWN RISK. Riders under 18-HELMET REQUIRED....NO EXCEPTIONS! If you are under 18 a parent must sign.

Signed:

Date:

Sleepy Hollow Stables LLC

47 Woodruff RD, New Egypt NJ 08533

Registrations start at 8am, you will receive any and all information on ride at this time. Please be sure to check in!

You must depart between 9 a.m. and 11am

*****Rain or Shine*****

Sponsorship forms for the Pennsylvania Breast Cancer Coalition can be found on their web site Ride the Trail to a Cure, they provide direct help to those in our area, you can read more about them on their sites, and all the good they do.

So join us and **Ride the Trail to a Cure!**