

EXHIBITOR SITE FORM 2017 CCFC FRIESIAN INSPECTION

Sonoma County Fairgrounds; Santa Rosa, CA

OWNERS MUST BE FHANA MEMBERS AND PRE-REGISTERED WITH FHANA TO ATTEND
ALL HORSES MUST BE KFPS REGISTERED HORSES

INFORMATION:

COGGINS CERTIFICATE REQUIRED FOR ANY HORSE MORE THAN 6 MONTHS OLD

Please pre-send a COPY of the COGGINS with this entry form.
DO NOT PROVIDE / SEND THE ORIGINAL.

STALLS:

All attending horses must be provided with a stall.

1 Bale of bedding straw will be provided per stall for bedding.

NO SHAVINGS ALLOWED, (The Fairgrounds charges \$75 per stall, clean-up fee for shavings.

IF YOU BED IN SHAVINGS YOU WILL BE CHARGED. NO EXCEPTIONS.

RV Hook-up: (limited space, RSVP to reserve)

SHARE OF COST FEE EXPLAINED: The Facility rental cost is covered by a combination of owners ' Share of Cost' Charges and CCFC Funds. The Share of Cost Fee is Mandatory.

Runners Fee: The Runner fee is for the professional Friesian specialty horse handlers that are brought over from Holland for this event. Cost is \$100.00 per horse (mare and foal count as one). Use of the runners is not mandatory but highly recommended.

Runners graciously accept cash tips.

If someone else is running your horse or riding in the IBOP please make sure they have reviewed all the rules for this event. The Inspection guide book is posted on the FHANA website (www.FHANA.com)

CCFC Membership: those of you that join or renew your membership to the Coastal California Friesian Club for \$30 can take all the discounts in the fees section. If you are not a CCFC member please pay the Non-Member fees. 😊

Please print clearly on all forms.

BRING YOUR ORIGINAL LAMINATED REGISTRATION PAPERS OR BLUE FOAL PAPERS TO THE INSPECTION!!!

Please send us the fees page, horse information page(s), copy of coggins, and payment.

FEES, FORMS & COGGINS DUE BY AUGUST 21st

Due to the cost of hosting this event, there will be no refunds.

Owner Name (as found on your FHANA membership card)

Name: _____ e-mail _____

Address: _____ home phone _____

Cell phone: _____ Emergency contact (optional) _____

I the signee have read all the information provide and herby agree to follow all rules and regulations posted and/or spoken verbally by management during this event.

_____ date: _____

FEES:

COMBINED FEES, FOR ALL HORSES OF ONE OWNER.

CHARGES:

Join or Renew Membership to CCFC	Membership \$30 <input type="checkbox"/> Y <input type="checkbox"/> N	\$ _____
Stalls: Non-Member CCFC: \$35 for show day, \$55 overnight. Number of stalls # _____		\$ _____
Stalls: CCFC members: \$30 show day; \$50 overnight. Number of stalls # _____		\$ _____
Tack Room: \$50 (bring your own lock)		\$ _____
I plan to bed w/Shavings (additional) \$75 per stall		\$ _____
RV Hook-up: \$25 (limited space RSVP to reserve)		\$ _____
Overnight Trailer parking \$5		\$ _____
Share of Cost Non-Member CCFC: \$40 per owner and \$10 for each horse being presented		\$ _____
Share of Cost; CCFC Member: \$35 per owner and \$5 for each horse being presented		\$ _____
Professional Runners fee \$100.00 per horse (mare & foal count as one)		\$ _____
General Donation: (optional, to help cover facility rental fees)		\$ _____
Sponsorship (optional) Platinum \$1000. Gold: \$500. Silver \$300. Bronze \$100.		\$ _____
I would like my sponsorship announced at the event <input type="checkbox"/> Yes <input type="checkbox"/> No		

Grand Total Amount: \$ _____

Check one:

_____ Check or Money Order Enclosed (Payable to CCFC)

_____ Paid On-line using link: www.CaFriesianClub.com on this date: _____

_____ Paid PayPal direct to fries@mcn.org on this date: _____

If paying electronically. Please clearly state what the payment is for in the notes and send a receipt in with these forms.

Send Forms, Payment & Coggins (and /or online payment receipt) to:

CCFC C/O David Stecher
5338 Hessel Avenue
Sebastopol, Ca 95472
Tel: (707) 824-1148

Forms can also be e-mailed as a PDF e-mail: BlackStarRanch@comcast.net
WWW.CACFRIESIANCLUB.COM for online payment links, Membership applications and full details on the Inspection.

HORSE INFORMATION; Please PRINT CLEARLY (Please use a separate page for each horse)

The total number of horses I am bringing is: _____ I have filled in the form for each horse.

Horse

Owners Name as on record: _____ Phone: _____

Emergency contact: _____

Please use the name the horse is registered with as it appears in the FHANA database.

Horse being shown (KFPS FULL Registered Name & KFPS Registration Number)

Name _____ Reg # _____

Barn name: _____

Pick one: Colt (C) Filly (F) Mare (M) Gelding (G) Stallion (S) _____

Is this a Stallion that needs to be placed away from Mares? _____ Yes _____ No

Is this a Mare that will be stalled with a foal? _____ Yes _____ No

if YES what is the registered name of the foal _____

Is this a Foal that will be stalled with its Dam? _____ Yes _____ No

if YES what is the registered name of the Dam _____

Is a COPY (no originals) of the Coggin's for this horse included? _____ Yes _____ No

If YES how does the horses name appear on the coggins form _____

Are you using a professional Runner for this horse, provided by the show? _____ Yes _____ No

If NO (you are doing it yourself or having someone else run your horse)

Full Name of YOUR runner _____ cell _____

Is this horse doing an IBOP? _____ Yes _____ No

If Yes Full name of rider: _____ Cell _____

Is rider a FHANA Member? _____ Yes _____ No

Group/Trainer/Handler. Me/My horses are coming with Group/Trainer/Handler

Full Name: _____

Please give me stalls in the same row with (Group/Trainer/Handler) ___ Yes ___ No

Group/Trainer/Handler Cell phone: _____

Stall for this horse pick one:

Day of Show only: _____ Yes _____ No

Night Before and Day of Show: _____ Yes _____ No

Quick check box for this horse

_____ copy of coggins _____ share of cost paid _____ runners fee paid _____ stall reserved/paid Total _____

HORSE INFORMATION; Please PRINT CLEARLY (Please use a separate page for each horse)

Horse

Owners Name as on record: _____ Phone: _____

Emergency contact: _____

Please use the name the horse is registered with as it appears in the FHANA database.

Horse being shown (KFPS FULL Registered Name & KFPS Registration Number)

Name _____ Reg # _____

Barn name: _____

Pick one: Colt (C) Filly (F) Mare (M) Gelding (G) Stallion (S) _____

Is this a Stallion that needs to be placed away from Mares? _____ Yes _____ No

Is this a Mare that will be stalled with a foal? _____ Yes _____ No

if YES what is the registered name of the foal _____

Is this a Foal that will be stalled with its Dam? _____ Yes _____ No

if YES what is the registered name of the Dam _____

Is a COPY (no originals) of the Coggin's for this horse included? _____ Yes _____ No

If YES how does the horses name appear on the coggins form _____

Are you using a professional Runner for this horse, provided by the show? _____ Yes _____ No

If NO (you are doing it yourself or having someone else run your horse)

Full Name of YOUR runner _____ cell _____

Is this horse doing an IBOP? _____ Yes _____ No. If Yes

Full name of rider: _____ Cell _____

Is rider a FHANA Member? _____ Yes _____ No

Group/Trainer/Handler. Me/My horses are coming with Group/Trainer/Handler

Full Name: _____

Please give me stalls in the same row with (Group/Trainer/Handler) ___ Yes ___ No

Group/Trainer/Handler Cell phone: _____

Stall for this horse pick one:

Day of Show only: _____ Yes _____ No

Night Before and Day of Show: _____ Yes _____ No

Quick check box for this horse

_____ copy of coggins _____ share of cost paid _____ runners fee paid _____ stall reserved/paid Total _____

HORSE INFORMATION; Please PRINT CLEARLY (Please use a separate page for each horse)

Horse

Owners Name as on record: _____ Phone: _____

Emergency contact: _____

Please use the name the horse is registered with as it appears in the FHANA database.

Horse being shown (KFPS FULL Registered Name & KFPS Registration Number)

Name _____ Reg # _____

Barn name: _____

Pick one: Colt (C) Filly (F) Mare (M) Gelding (G) Stallion (S) _____

Is this a Stallion that needs to be placed away from Mares? _____ Yes _____ No

Is this a Mare that will be stalled with a foal? _____ Yes _____ No

if YES what is the registered name of the foal _____

Is this a Foal that will be stalled with its Dam? _____ Yes _____ No

if YES what is the registered name of the Dam _____

Is a COPY (no originals) of the Coggin's for this horse included? _____ Yes _____ No

If YES how does the horses name appear on the coggins form _____

Are you using a professional Runner for this horse, provided by the show? _____ Yes _____ No

If NO (you are doing it yourself or having someone else run your horse)

Full Name of YOUR runner _____ cell _____

Is this horse doing an IBOP? _____ Yes _____ No. If Yes

Full name of rider: _____ Cell _____

Is rider a FHANA Member? _____ Yes _____ No

Group/Trainer/Handler. Me/My horses are coming with Group/Trainer/Handler

Full Name: _____

Please give me stalls in the same row with (Group/Trainer/Handler) ___ Yes ___ No

Group/Trainer/Handler Cell phone: _____

Stall for this horse pick one:

Day of Show only: _____ Yes _____ No

Night Before and Day of Show: _____ Yes _____ No

Quick check box for this horse

_____ copy of coggins _____ share of cost paid _____ runners fee paid _____ stall reserved/paid Total _____