

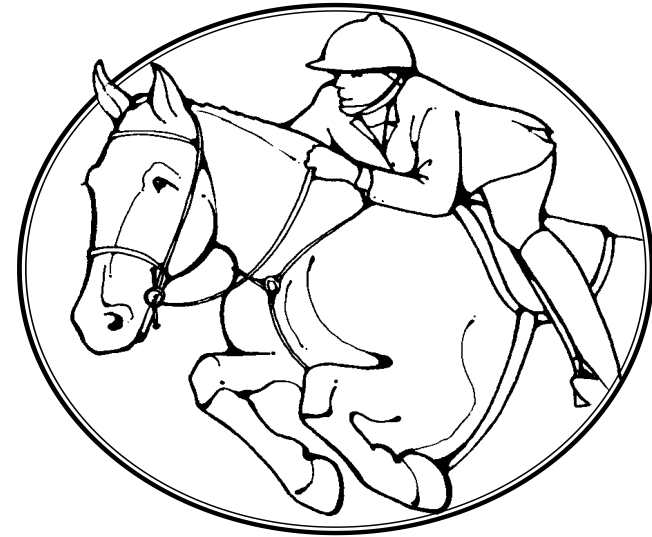
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**WINTER GLEN  
FARM  
HORSE SHOW**

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Sunday April 28, 2019  
9:00 AM

CDHJC Recognized: Beginner Equitation, 2'3" Hunter, 2'3"  
Equitation. Special Hunter, Modified Child/Adult  
Equitation, Pleasure Horse or Pony

TCRA Recognized: Beginner Equitation, 2'3" Hunter, 2'3"  
Equitation. Hopeful Hunter, Special Hunter, Modified  
Child/Adult Equitation, Pleasure Horse or Pony, Optimum  
Time Jumper, Puddle Jumper

Winter Glen Farm  
4 Kaine Drive  
Albany, NY 12203

## Rules and Regulations

1. Every class offered herein which is covered by the rules and specification of the current US EQUESTRIAN FEDERATION RULE BOOK will be conducted in accordance therewith. If you are not a member and/or have any questions concerning this prize list or specifications of any division please phone Winter Glen Farm at (518) 356-3364.
2. The management reserves the right to decline any entry and to return entrance fees without being held for compensation.
3. Winter Glen Farm will not be liable whatsoever for any injury or damage to any person or property of any spectator, visitor, exhibitor, attendant, or any other persons by reason of event at the show; it shall be a condition of entry that each person holds Winter Glen Farm harmless for any accidents which occur by reason of fire or otherwise.
4. Post entries will be accepted.
5. Protective headgear must be worn while on any horse or pony on the show grounds.
6. Management reserves the right to cancel any event that has less than 4 entries
7. All entry blanks must be properly completed and signed by the owner and trainer before a number will be issued.
8. A \$30.00 fee will be charges for all returned checks.
9. Limited permanent stalls with door available - \$30.00 per stall.
10. Insurance fee - \$10.00 per entry.
11. Schooling Fee - \$10.00 per round. To be held before each division

# WINTER GLEN FARM HORSE SHOW

April 28, 2019

## OFFICIALS

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**Judge:** Annette Mohr

**Manager:** Margaret Aedjian, Albany, NY

**Course Design:** Margaret Aedjian, Albany, NY

**Secretary:** Mary Sager, Schenectady, NY

**Announcer:** Judith Stott

**Veterinarian on call:** Equine Medical Center,  
518-766-4600

**Blacksmith:** Stan Trestick  
518-496-2190

⇒ **Directions:** Take NYS Thruway to Exit 24. After the toll booth take first exit (Northway South) to end of the Northway. At light turn right to Western Ave. Rt 20. West on Rt 20 approximately 10 miles to Rt. 158. At light turn right. Go approximately 1 mile. Winter Glen is on the right.

**ATTENTION:** This prize list reflects the current USEF as rule changes. Class descriptions are no longer required as they are already printed in the USEF Rule Book. It is felt that the exhibitor as well as management should be familiar with the Federation rules.



## TCRA Membership Application 2019

Please refer to the TCRA rulebook for all division specification and qualification requirements.

Families may attach individual applications together and submit one check.

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Trainer/Stable: \_\_\_\_\_  
E-mail: \_\_\_\_\_

*Dues: \$25 Individual Membership, \$50 Family Membership, \$150 Lifetime Membership. Annual membership fee for horses is \$5.00 per year. All horses, owned or leased, must renew their registration on a yearly basis to receive points.*

Horse Name	Color/Gender/Height	Owner Name	Horse in: 1st Year of Showing or 2nd Year of Showing**
			1 <sup>st</sup> year <input type="checkbox"/> 2 <sup>nd</sup> year <input type="checkbox"/>
			1 <sup>st</sup> year <input type="checkbox"/> 2 <sup>nd</sup> year <input type="checkbox"/>
			1 <sup>st</sup> year <input type="checkbox"/> 2 <sup>nd</sup> year <input type="checkbox"/>

**\*\* Please note that 1<sup>st</sup> or 2<sup>nd</sup> year of showing designation affects the horse's eligibility to be shown in certain TCRA Divisions including Hopeful Hunters and Baby Green (Refer to Rulebook at [www.tricountyridingassociation.com](http://www.tricountyridingassociation.com) for details). Years of showing includes any showing regardless of location, with the exception of shows designated as "Schooling Shows."**

Horses added during the year must be added with a \$5.00 payment by mail to Katy Hoffman or at the horses' first show. Those horses will have an effective date for points as of the date of the postmark/date of show at which received.

TCRA is committed to being a "green" organization and uses email as its primary means of communication.

Mail this membership application and dues payable to TCRA to:

TCRA c/o Katy Hoffman  
28 Mallard Drive  
Rexford, NY 12148

This show is recognized for "C" points by the CDH/JC

## CAPITAL DISTRICT HUNTER JUMPER COUNCIL, INC. 2019 MEMBERSHIP APPLICATION

Please see the current CDHJC Rule Book at [www.cdhjc.org](http://www.cdhjc.org) for any questions concerning the CDHJC. Rules governing the awards, division /class descriptions, application for shows or memberships are contained therein.

I wish to apply for membership in the CDHJC. Membership must be renewed yearly. I understand that only members can accrue points for year-end awards. This membership entitles me to receive the official Newsletter of the CDHJC, to be placed on a mailing list for member horse shows' prize lists, and to participate in an organization that fosters excellence through sportsmanship, education and professionalism.

Fill in all necessary information. Membership will be effective as of the postmark of this application. Membership may also be made at a recognized horse show where the effective date will be the show date. FEES (tax included): \$25.00 Yearly Individual; \$50.00 Yearly Family ; \$250.00 Lifetime Individual

### Payment must be in the form of check or money order. NO CASH.

One person per form. Families may attach individual applications together and submit one check or money order.

Name (please print) \_\_\_\_\_ Yearly or Lifetime (circle one)  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date of birth \_\_\_/\_\_\_/\_\_\_ Rider's Show Age \_\_\_ Signature: \_\_\_\_\_  
Home phone: (\_\_\_\_) \_\_\_\_\_ Work phone:(\_\_\_\_) \_\_\_\_\_  
Trainer: \_\_\_\_\_ Stable: \_\_\_\_\_

Email address (PLEASE print clearly) \_\_\_\_\_  
E-mail addresses will not be shared or distributed with anyone other than CDHJC Board members who will use them only for Association purposes. A new rule book will only be mailed to those that don't supply an e-mail address and request a rule book in writing to the address below. Internet access to the CDHJC rule book from [www.cdhjc.org](http://www.cdhjc.org) will save considerable postage and photocopying costs.

NEW: Please consider sponsoring a class at our Annual Horse Show. Individual class sponsorships are \$25. We will do our best to accommodate your sponsorship request, but will assign classes as needed. Name of class to be sponsored: \_\_\_\_\_

Horse Registration: Please note registration fees. Annual Membership fee: \$5 per horse; Lifetime Membership: \$25 per horse ; \$5 change of name fee. \$5 lease fee. All horses, annual and lifetime, MUST be listed on this form for points to count. If a horse is leased be sure to indicate the owner.

1. \_\_\_\_\_  
Name color/sex/age/height Annual / Lifetime

Owner Lessee (if applicable)

2. \_\_\_\_\_  
Name color/sex/age/height Annual / Lifetime

Owner Lessee (if applicable)

3. \_\_\_\_\_  
Name color/sex/age/height Annual / Lifetime

Owner Lessee (if applicable)

Mail this membership application and CHECK (payable to CDHJC) to CDHJC c/o Kathy Strait, 20 Pepper Hollow Drive, Clifton Park, NY 1206. Questions? Contact Kathy at (518) 469-8086 or [cdhjcstrait@gmail.com](mailto:cdhjcstrait@gmail.com)

**SUNDAY April 28, 2019**  
**TIME SCHEDULE**

**Start Time 9:00 AM**

Entry Fee - \$20.00 per class  
6 ribbons in each class

Schooling Fee - \$10.00 per trip

1	Beginner Eq. - Walk Trot	CDHJC & TCRA
2	Beginner Eq. - Walk Trot	CDHJC & TCRA
3	Beginner Eq. - Walk Trot Canter	CDHJC & TCRA
4	Beginner Eq. - Walk Trot Canter	CDHJC & TCRA
5	Beginner Eq. - X-Rails	CDHJC & TCRA
6	Beginner Eq. - X-Rails	CDHJC & TCRA
7	Hopeful Hunter - O/F	TCRA
8	Hopeful Hunter - O/F	TCRA
9	Hopeful Hunter - U/S	TCRA
10	2'3" Hunter - O/F	CDHJC & TCRA
11	2'3" Hunter - O/F	CDHJC & TCRA
12	2'3" Hunter - U/S	CDHJC & TCRA
13	2'3" Equitation - O/F	CDHJC & TCRA
14	2'3" Equitation - O/F	CDHJC & TCRA
15	2'3" Equitation - Flat	CDHJC & TCRA
16	Special Hunter - O/F - 2'6"	CDHJC & TCRA
17	Special Hunter - O/F - 2'6"	CDHJC & TCRA
18	Special Hunter - U/S	CDHJC & TCRA
19	Modified Child/Adult Eq. - O/F 2'6"	CDHJC & TCRA
20	Modified Child/Adult Eq. - O/F 2'6"	CDHJC & TCRA
21	Modified Child/Adult Eq. - Flat	CDHJC & TCR

**TIME SCHEDULE CONTINUED**

22	Open Pleasure Horse or Pony	CDHJC & TCRA
23	Open Pleasure Horse or Pony	CDHJC & TCRA
24	Open Pleasure Horse or Pony	CDHJC & TCRA
25	Optimum Time Jumper - 2'0"	TCRA
26	Optimum Time Jumper - 2'3"	TCRA
27	Puddle Jumper - 2'3"	TCRA
28	Puddle Jumper - 2'6"	TCRA
29	Unjudged schooling trip before 1 <sup>st</sup> class of each division	\$10 per trip

Time Schedule Continued On Next Page

Entry No: \_\_\_\_\_

# WINTER GLEN HORSE SHOW

One Horse Per Entry

Name of Horse	Color	Height	Age

Rider 1: Name \_\_\_\_\_ Age \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

Rider 2: Name \_\_\_\_\_ Age \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

Classes:


**Fees:**  
 Entries \_\_\_\_\_  
 Schooling \_\_\_\_\_  
 Ins/Office \_\_\_\_\_ 10.00 \_\_\_\_\_  
 Stall \_\_\_\_\_  
 Other \_\_\_\_\_  
 Total \_\_\_\_\_  
 Cash \_\_\_\_\_ Credit Card \_\_\_\_\_ Check Number \_\_\_\_\_

By signature below, participants, owners and trainers agree they voluntarily participate in the competition fully aware that horse sports and the competition involve inherent dangerous risk of serious injury or death, and by participating they expressly assume any and all risks of injury or loss, and they agree to indemnify and hold Winter Glen Farm, the competition, officials, directors, employees and agents harmless from and against all claims including for any injury or loss suffered during or in connection with the competition, whether or not such claim, injury or loss resulted directly or indirectly, from the negligent acts or omissions of said officials, directors, employees or agents of the competition

SIGNATURES BELOW INDICATE THAT EACH OF US HAS READ AND UNDERSTAND THE ABOVE  
**SIGNATURES REQUIRED PRIOR TO ISSUANCE OF NUMBER**

<b>RIDER 1 SIGNATURE</b> (Parent/Guardian, if under 18, or if not available, trainer must sign)	<b>RIDER 2 SIGNATURE</b> (Parent/Guardian, if under 18, or if not available, trainer must sign)	<b>TRAINER'S SIGNATURE</b>
<b>Print Name</b>	<b>Print Name</b>	<b>Print Name</b>
<b>Address</b> _____ Street _____ City _____ State/Zip	<b>Address</b> _____ Street _____ City _____ State/Zip	<b>Address</b> _____ Street _____ City _____ State/Zip
<b>Telephone</b> _____	<b>Telephone</b> _____	<b>Telephone</b> _____

**OWNER SIGNATURE** \_\_\_\_\_ **Address** \_\_\_\_\_ Street **Telephone** \_\_\_\_\_  
**Print Name** \_\_\_\_\_ City \_\_\_\_\_ Stat

