

RIDER NOTICE:

**PRE-REGISTRIES WILL BE APPRECIATED FOR THE
EAGLE RANCH RIDE.**

**YOUR CHECK WILL BE RETURNED IF YOU CANNOT
ATTEND.**

**PRE-REGISTERING HELPS WITH THE FOOD
QUANTITY AND THE AWARDS.**

THANK YOU FOR YOUR HELP.

WINNIE – RIDE MANAGER

EAGLE RANCH SPRING FLING I & II

APRIL 10-11, 2010

Eagle Ranch Trails,
Collins, MO.

LOCATION:

From the junction of 54 Hwy and 13 Hwy in Collins, MO: Go 5 miles West on Hwy 54 to Hwy "J". Go 1 mile South on "J" Hwy. The ranch is on the East side of the road.

From Interstate 44 - North on 71 Hwy to 54 Hwy East to Hwy "J" . South on "J" 1 mile to ranch.

From the West - Hwy 54 East to Hwy "J". South on "J" 1 mile to ranch.

CAMPING - Pay at ride site. Numerous electrical sites, large stalls, wash racks, large beautiful shower area, also large primitive camping area. No pens in electric campsites. Stalls cleaned for you and your trailer cleaned out upon arrival. Free fire wood and fire rings in camping area. Loads of amenities. Few cabins left for rent.

Phone: 417-275-1105 **E-Mail:** info@eagleranchtrails.com

web: www.eagleranchtrails.com

TRAILS: Trails are road width, grassy, flat, sandy, dirt, and the usual Ozark hills and rock. All vet checks in camp. Shoes recommended.

Veterinarians: Head Vet, Doc Leon Self, and treatment vet Doc Brown.

Vetting approximately 4:00 P.M. Friday and Saturday evenings.

HELMETS REQUIRED.

FEES PER DAY :	<u>MILEAGE</u>	<u>SR</u>	<u>JR</u>
	50	\$85.00	\$70.00
	25	\$75.00	\$60.00

ADD \$15.00 for Non-AERC member fee

PRE-ENTRIES APPRECIATED - CHECKS RETURNED IF YOU DO NOT ATTEND. PLEASE MAKE CHECKS OUT TO WINNIE SCRUGGS.

RIDE MANAGER: Winnie Morgan (aka, Clutter)
21612 Hwy FF Stover, MO 65078
660-281-3027 windo@centurytel.net

FRIDAY, APRIL 9 RIDE MEETING & MEXICAN POTLUCK (TACOS PROVIDED) APPROX. 6:00 P.M. SATURDAY, APRIL 10, POT LUCK, (MEAT PROVIDED) & RIDER MEETING APPROXIMATELY 6:00 P.M.

NEGATIVE COGGINS AND OUT OF STATE HORSES CURRENT HEALTH CERTIFICATE REQUIRED - AERC, OCER & MOTDRA SANCTIONED

EAGLE RANCH SPRING FLING I & II – APRIL 10 & 11, 2010

Rider Name: _____ AERC No. _____ OCER Y/N _____
 Add: _____ City: _____ State: _____
 Zip: _____ E-mail: _____ Phone: _____

Weight Division (w/ tack) Please circle one: Junior Featherweight (up to 160)
 Lightweight (161-185) Middleweight (186-210) Heavyweight (211 and over)

Note: JUNIORS wishing to ride as seniors must present a letter from AERC stating that said junior meets the age and mileage requirements; and also MUST notify management of their entry as a senior. All entries are required to wear a helmet and comply with rules of sponsorship stated in the AERC rulebook. Parent or guardian signature is required even if riding in weight division.

Horse Name: _____ AERC No. _____
 Breed: _____ Reg. No. _____ Age: _____ Sex: _____ Color _____
 Horse owner if different than rider: _____ AERC# _____

RIDING 1 DAY? Y/N **DAY = APRIL** **RIDING 2 DAYS?** _____

FEES PER DAY:	MILEAGE	SR	JR
	50	\$85.00	\$70.00
	25	\$75.00	\$60.00
Add for AERC Non Member fee			+\$15.00

Total _____

Cash _____
 Check # _____

LEGAL RELEASE DO NOT SIGN UNTIL YOU READ

As a participant in the Eagle Ranch Spring Fling I & II, I agree to abide by the rules of AERC and understand endurance riding involves being in remote areas for extended periods of time, away from communications, transportation and medical facilities; that these areas may have natural and man-made hazards which ride management cannot control and identify, modify or eliminate; that horses can be excitable, difficult to control and unpredictable, and that accidents can happen to anyone at anytime. I agree to take full responsibility for myself, my children, my animal(s) and my property and I will hold AERC, MOTDRA, OCER, Eagle Ranch Trails, Ride Management, personnel, and ride volunteers blameless for any accidents, injury, or loss that might occur due to my participation in the ride and free from liability for such injury or loss.

Signature of rider: _____ **Date:** _____

Signature of Parent or Guardian for junior rider: _____ **Date:** _____

I grant my permission for ride management to arrange emergency medical treatment if I am unable to do so myself.

Signature of rider: _____ **Date:** _____

Emergency contact person: _____ **Phone No.** _____
Your Cell Phone _____

HELMETS REQUIRED FOR ALL RIDERS
NEGATIVE COGGINS REQUIRED. ALL OUT OF STATE HORSES REQUIRED TO HAVE
CU RRENT HEALTH CERTIFICATE TO ENTER.