

**EAGLE RANCH SEASON FINALE FLING - NOVEMBER, 26 & 27, 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](mailto:info@eagleranchtrails.com)**

**web: [www.eagleranchtrails.com](http://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 Dave Cross.

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 ONLY - CHECKS RETURNED IF YOU DO NOT ATTEND.**

**SEND ENTRIES TO: JANE HUFF, 496 W. Saddleclub Rd, Fair Grove, MO 65648**

**PLEASE MAKE CHECKS OUT TO WINNIE SCRUGGS.**

RIDE MANAGER:

Winnie Morgan (aka, Clutter)

660-281-3027

[windo@centurytel.net](mailto:windo@centurytel.net)

**THURSDAY RIDE MEETING & THANKSGIVING POTLUCK (MEAT PROVIDED) APPROX. 6:00 P.M. FRIDAY NOVEMBER , POT LUCK (MEAT PROVIDED) & RIDER MEETING AT APPROXIMATELY 6:00 P.M.**

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

EAGLE RANCH SEASON FINALE FLING I & II – NOVEMBER, 26 & 27 , 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# \_\_\_\_\_

RIDE 1 DAY? Y/N DAY = APRIL RIDE 2 DAYS? Y/N

**PRE-ENTRIES ONLY MAILED TO: JANE HUFF, 496 W. SADDLECLUB RD., FAIR GROVE, MO. 65648. PLEASE MAKE CHECKS OUT TO -- WINNIE SCRUGGS**

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

Add for AERC Non Member fee +\$15.00  
Total \_\_\_\_\_

Cash \_\_\_\_\_  
Check # \_\_\_\_\_

**LEGAL RELEASE DO SIGN UNTIL YOU READ**

As a participant in the Eagle Ranch Season Finale 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.**