

EAGLE RANCH SPRING FLING I & II

March 26-27,2011

Eagle Ranch Trails, Collins Mo.

LOCATION;

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

From Interstate 44; North on Hwy 71 to Hwy 54 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, and also large primitive camping area. No pens in electric campsites. Stalls cleaned for you. Free firewood and fire rings in camping area. Loads of amenities. Few cabins left for rent. Call to Reserve, they don't last long.

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

Web: www.eagleranchtrails.com

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

Veterinarians: Head Vet: Dr. Jeanie Hauser, Treatment Vet: Dr. David Cross. Vetting approximately 4:00 P.M. Friday and Saturday evenings.

PRE-ENTRY FEES: Post marked no later than March 15. Checks will be destroyed if you Do Not Attend. Make checks out to Carl Beason

50 miles Sr. \$85 Jr. \$70

25 miles Sr. \$75 Jr. \$60 Add \$15 for Non-AERC member fee

ENTRY FEES; After March 15 or received at ride are as follows.

50 miles Sr. \$90 Jr. \$75

25 miles Sr. \$80 Jr. \$65 Add \$15 for Non-AERC member fee

Introductory fun ride 17 miles both days Sr. \$35 Jr. \$30

HELMETS REQUIRED for all riders.

Ride Managers

Carl Beason / Stephanie Beason

R.R. 2 Box 605

Ava, Mo. 65608

Phone: 417-683-3126

Potluck Friday and Saturday Approx. 6:30 P.M. Meat provided. Ride meeting shortly after.

Negative Coggins and out of state horses current Health Certificate required.

AERC, OCER & MOTDRA Sanctioned

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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 = MARCH _____ RIDE 2 DAYS? Y/N _____

PRE-ENTRIES MAILED TO: CARL BEASON, R.R. 2 BOX 605, AVA, MO. 65608

PLEASE MAKE CHECKS OUT TO – CARL BEASON

FEES PER DAY:

50 miles Sr. \$85.00 Jr. \$70.00

25 miles Sr. \$75.00 Jr. \$60.00

Introductory fun ride 17 miles both days Sr. \$35 Jr. \$30

“Add for AERC Non Member fee +\$15.00” “Entries maid after 03/15/2011 Add \$5.00”

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 CURRENT HEALTH CERTIFICATE.