

HILLSDALE FALL BLAST RIDE I AND II

50/25/15 mile October 12 and 13, 2019

Sanctioned by AERC/OCER/MOTDRA



PATTI CRAWFORD MEMORIAL RIDE

ADDRESS: Hillsdale Lake, 26001 255th St, Paola, KS 66071

DIRECTIONS: From the South and West: Take I-35N towards Kansas City. Take the KS-68 exit toward Ottawa/Louisburg. Turn right onto KS-68. Turn Left onto Osawatomie Rd. After you cross the dam turn left on Harmony Road (go about .3 miles). Turn left onto W. 253rd St. (go about .2 miles). Saddle Ridge Equestrian Camp is on the right.

From the North and East: Take I-35S. Take the US-169 S, exit 215 towards Paola/Hillsdale Lake. Turn left onto US-169S (go about 13.5 miles). Take the 255th Street ramp. Turn right onto W. 255th St (go about 2.5 miles). Turn right onto Harmony Road (go about .3 miles). Turn left onto W. 253rd St. (go about .2 miles). Saddle Ridge Equestrian Camp is on the right.

RIDE MANAGERS: Becky (Holthouse) Wiehl rlh021@everestkc.net (913)226-9885 and
Sandy Holthouse wholt05@everestkc.net (913)268-0523

HEAD VET: Jeanie Hauser

POT LUCK DINNER: Friday (10/11) management will provide the meat, please bring something to share.

NEGATIVE COGGINS REQUIRED ON ALL HORSES. OUT OF STATE HORSES ARE REQUIRED TO HAVE A CURRENT HEALTH CERTIFICATE.

CAMPING: Saddle Ridge has 34 campsites with corrals or tie posts. Bathroom and shower facilities are onsite as well as horse water and wash rack. You are responsible for park & camping fees. Check-in & checkout time for campsites is @ 2:00 pm daily. **To reserve a campsite you can call Saddle Ridge at 913-783-4595. Or reserve through reserveamerica.com**

****** NOTE: You are responsible for making your OWN camping reservation.*******

RSVP/Pre-REGISTRATION: To ensure we have an adequate number of vets and enough food for everyone, RSVP is requested by 09/30/19 or as soon as possible via email but all will be welcome after that date. Please pre-enter for this event if at all possible!! Checks will not be deposited until after the ride. Pre-entry discount of \$5.00 may be applied to 50/25 mile rides. **Must have pre-entries postmarked by 09/30/19 to receive discount!**

RSVP/ pre-enter to: Becky Wiehl rlh021@everestkc.net, OR

Mail entries to: 22593 Victory Rd Spring Hill Ks 66083, make checks payable to Becky Wiehl

Fall Blast I & II ENTRY

Saturday October 12th, or Sunday October 13, 2018

Rider Name: _____ Phone: _____

AERC No. _____ OCER Y/N MOTDRA Y/N : Email _____

Address: _____

City: _____ State: _____ Zip: _____

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

Horse Name: _____ AERC No. _____

Breed: _____ Reg. No. _____ Age: _____ Sex: _____ Color: _____

Horse owner (if different than rider): _____ AERC No. _____

ENTRY FEES: FALL BLAST

Saturday, 10-12

Sunday, 10-13

50 miles Sr. \$90.00 (pre-reg \$85.00) \$ _____ \$ _____

50 miles Jr. \$50.00 (pre-reg \$45.00) \$ _____ \$ _____

25 miles Sr. \$80.00 (pre-reg \$75.00) \$ _____ \$ _____

25 miles Jr. \$45.00 (pre-reg \$40.00) \$ _____ \$ _____

Intro Ride (15 mile) Sr \$40.00, Jr \$30.00 \$ _____ \$ _____

AERC Non Member day fee +\$15.00 \$ _____ \$ _____

Total \$ _____ \$ _____ Cash _____ Check _____

LEGAL RELEASE: DO NOT SIGN UNTIL YOU READ

As a participant in the Fall Blast 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, Hillsdale State Park, 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: _____ 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 _____

Your Cell Phone No. _____