JANET'S BOOGIE (FORMERLY CRACKED OAATS CRUNCH)

SALAMONIE STATE PARK-LOST BRIDGE WEST 9214 LOST BRIDGE RD W. ANDREWS, IN 46702 JULY 12-13, 2025

NEGATIVE COGGINS DATED WITHIN 12 MONTHS REQUIRED ON ALL OUT-OF-STATE HORSES,

MUST BE SENT WITH ENTRY FORM

- CAMPING: Reservations through Reserve America at http://indianastateparks.reserveamerica.com
- BRIDLE TAGS: Bridle tags are MANDATORY. Tags are \$5 unless you have an annual tag.
- TERRAIN: Mostly wooded with some short steep hills.
- **VET CHECKS:** All vet checks/holds will be at camp.
- VET-IN: Friday July 12TH at 4 pm. Saturday July 13th at 4 pm
- FARRIER WILL BE ON SITE
- POTLUCK: OAATS will provide fried chicken for Saturday night. Please bring a side dish, your own dinnerware & beverage. One meal included for each paid rider. \$10 charge for additional meal

Non AERC members are required to pay an AERC Day Member fee of \$20 each day for Endurance & Limited Distance riders only.

TO AVOID \$30 LATE FEE, MUST BE PRE-PAID & ENTERED BY JULY 4, 2025.

\$50 NON-REFUNDABLE FEE FOR CANCELLATIONS

ENTRY FEES: \$ 110.00 50-Mile Endurance Ride (Saturday)

\$ 95.00 25-Mile Limited Distance Ride (Saturday & Sunday)

\$ 50.00 15 Mile Intro/Rec Ride (Saturday & Sunday)

\$ 20.00 DISCOUNT Juniors (MUST HAVE A SPONSOR AT ALL TIMES ON TRAIL)

\$ 20.00 Non-AERC Member Fee Per Day \$ 30.00 Late Fee on or after July 4, 2025

\$ 10.00 Extra Meal

\$ 20.00 Discount for any Rider riding BOTH days, 50 and/or 25 miles.

\$ 5.00 Bridle Tag per Day. MANDATORY.

RIDE MUST BE PAID IN ADVANCE MAKE CHECKS PAYABLE TO OAATS, MAIL TO RIDE SECRETARY, BARBARA HUBLER or PAY VIA PAYPAL AS FRIENDS AND FAMILY AT quats 1972@gmail.com

Ride Manager: Noelle Snyder
5995 Ferdinand Dr
New Albany, OHRide Vets: Maureen Fehrs
Sarah TegtmeierSecretary:Barbara Hubler
65 Watson Road
Martin, GA 30557

614-570-1972 614-946-4889

snyder_noelle@yahoo.com barbara.hubler@gmail.com

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ENTRY AGREEMENT

Your entry is not complete until you have sent your Entry Form in and paid for each day's ride along with any additional fees.

PLEASE READ AND INITIAL THE BOX

Cancellations are subject to a \$50 Non-Refundable depos	SIT.	
NO REFUND ON OR AFTER JULY 5, 2024		
I acknowledge and understand terms of the Non-Refundable deposit		
RELEASE OF LIABILITY READ CAREFULLY BEFORE SIGNING		
The undersigned acknowledges that distance horseback riding is a sport which of which means a danger or condition that is an integral part of an equine activity, it to, any of the following:		
The propensity of an equine to behave in ways that may result in injury, death, o around the equine; The unpredictability of an equine's reaction to sounds, sudden movements, unfamotorized vehicles, or other animals; Hazards, including, but not limited to, surface or subsurface conditions; A collision with another equine, another animal, a person, or object; The potential of an equine activity participant to act in a negligent manner that m death, or loss to the person of the participant or to other persons, including, but maintain control over an equine or failing to act within the ability of the participan. The undersigned fully understands that any un-sportsman like behavior on behaviore will result in disqualification and ban from future events.	miliar objects, persons, ay contribute to injury, not limited to, failing to t.	
The Undersigned, in consideration of acceptance of his/her entry in this ride, doe himself/herself, his/her heirs, executors and administrators and assigns for any a liability of any kind or nature the Undersigned might have. Further, the Undersign acknowledge that said release will extend to any accidents, damages or claims a caused by his/her own acts or anyone or any animal with his/her control.	and all right, claim or ned does hereby	
The Participant has read and agrees to abide by AERC, OAATS, and facility rule	es.	
Signature of Participant (Parent or Guardian if rider is under 18)	Date	
Signature of Horse Owner if not Rider	Date	
PERMISSION FOR MINOR TO RIDE (Under 18 years of age)		

In this trail ride and certify that I have read the foregoing representations and

statement and that the same may be deemed a part here of and herby accept responsibility there under

I hereby consent to the entry of my child _

for the participation of said minor.

___, date of birth

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MUST ENTER AND PRE-PAY BY JULY 4, 2025, LATE FEE \$30

ENTRY FORM

CAMPSITE NUMBER MUST BE WRITTEN ON RIDE ENTRY FORM!!!!!!

CAMP SITE: #	SHIRT SIZE	_NEW OAATS MEMBER
RIDER NAME:	AERC: #	WEIGHT DIVISION
ADDRESS.		
CITY/ST/ZIP		
EMAIL:		
RIDER AGE:	IF JUNIOR, SPONSOR NAME	
EMERGENCY CONTACT	T NAME:	PHONE: ()
HORSE NAME:		HORSE AERC: #
AGE: COLOR:	BREED:	
REGISTRATION #		PHONE: () HORSE AERC: #
OWNER NAME:		
OWNER ADDRESS:		
RIDER AHA: #	OWNER AHA: #	•
\$ 5.00 Bridle Tags Per Da \$ 20.00 Non-AERC Mem \$ 10.00 Extra Meal	Distance Ride (Saturday) Distance Ride (Sunday) Ride (Saturday) Ride (Sunday) OR AT ALL TIMES ON TRAIL) ay ber Fee Per Day Rider Riding Both Days 50 or 25 Miles	
	RIDE MUST BE PAID IN ADV	/ANCE
MAKE	CHECKS PAYABLE TO OAATS, MAIL	
	72@gmail.com (Friends & Family) Mem	
Ride Manager	Ride Secretary	Vets
Noelle Snyder	Barbara Hubler	Dr. Maureen Fehrs
5995 Ferdinand Dr	Ride Secretary Barbara Hubler 65 Watson Rd	Dr. Sarah Tegtmeier

Martin, GA 30557

Barbara.hubler@gmail.com

New Albany, OH 43054 Snyder noelle@yahoo.com