

SPOOK RUN

CLARK STATE FOREST
HENRYVILLE, INDIANA

Oct. 29 (Fri.): 50/30mile
Oct. 30 (Sat.): 50/30 mile

AERC/OAATS

Ride Manager: Robert McAfee 812-294-1776
MCAFEETRUCKINGLLC@YAHOO.COM

Ride Secretary: Lois McAfee
Lmcafee@scsd2.k12.in.us
loisjmcafee@yahoo.com
15171Cronewood Lane,
Memphis, IN 47143

Veterinarians: Mike Habel ; TBA

We will be camping at Bill Wilson's. If you plan to arrive before Oct. 28 call 812-967-3085. Camping spots may not be reserved or saved. You must be present to set up. Ride meetings will be at 6:00 PM the night before the rides. Dinner will be provided to the riders on Friday evening.

Trail: Single trace and 2 track, alternating flat and hills.

Farrier will be on premises before and during all rides. Shoes recommended.

Directions: From Louisville, take I-65 North to Exit 19. Turn left on SR 160. From Indianapolis take I-65 South to Exit 19. Turn right on SR 160. Go approximately 5.5 miles and turn left onto Pixley Knob Road for 1.4 miles. Then turn right onto Flatwood Road for 1.4 miles and camp will be on your right.

READ CAREFULLY BEFORE SIGNING

I wish to participate in the SPOOK RUN Endurance Ride. In participating I fully understand and recognize the risks and dangers involved, as well as the fact that significant unanticipated, uncontrollable and unexpected risks may arise during the ride. I understand endurance riding involves being in remote areas for periods of time, far from communications, transportation, and medical facilities. I recognize ride management cannot eliminate or control all potential hazards to me or my horse. I agree to hold harmless the ride management, landowners, ride members, and the agents from and against all loss or damage. I have read and understand this release.

Rider's signature _____ Date _____

Guardian's signature if Junior _____

Rider Name _____ **AERC #** _____

Address _____

City, State, Zip _____

Phone : _____ **Email** _____

Birth date of Junior Rider _____

Sponsor of Junior rider _____

Horse's Name (Friday) _____ **AERC#** _____

Owner's Name _____

Horse's Name (Saturday) _____ **AERC#** _____

Owner's Name _____

Person to contact in Emergency _____

Phone _____

WEIGHT DIVISION ENTERED (Circle one) Not Necessary for the Limited Distance

HW(211 –up) MW (186-210) LW (161-185) FW (up to 160) JR (up to 16 yrs)

DISTANCE ENTERED (Please circle) AND FEES

| | ADULTS | JR |
|---|--------------------|-------------|
| 50 MILE (Friday) | \$85 | \$45 |
| 50 MILE (Saturday) | \$85 | \$45 |
| 30 MILE (Friday) | \$55 | \$35 |
| 30 MILE (Saturday) | \$55 | \$35 |
| Non-AERC member | \$15 | \$15 |
| Late entry (post-marked after Oct. 22) | <u>\$10</u> | |

Discount (Second Day) **-\$10**

Total Due

