



NEW ENGLAND INTER-REGIONAL GAMES RALLY

Hosted by Merrimack River and Groton Pony Clubs

Date: Saturday & Sunday June 10th & 11th, 2006
Location: Topsfield Fairgrounds, Topsfield, Massachusetts
Entry Fee: \$60.00 per rider. **CLUB CHECK** made out to **CNER**
Stabling: \$15.00/night per stall. **CLUB CHECK** made out to **Essex Agricultural Society**

Teams

JUNIOR TEAMS: 4 – 5 members. 13 years of age or under as of 1/1/06
(Riders must be at least 10 years of age and D2 rating to qualify for championships)
SENIOR TEAMS: 4 – 5 members. 16 years of age or under as of 1/1/06
ADVANCED TEAMS: 2 members. Must be at least 17 and not more than 25 years old as of 1/1/06.
SCRAMBLE TEAMS: If individuals are interested, we will try to form Scramble Teams. *Please call well in advance to arrange this.*

Tentative Schedule

Saturday

4:00 – 5:00 pm Arrival of Teams and Setting Up
5:30 pm Horse Management Judging Begins
6:00 pm Written Test and Briefing
7:00 pm Pizza Party (free for competitors, \$5 for guest)
8:30 pm Stables close

Sunday

6:00 am Stables open
8:00 am Team Inspections, Weights & Measures, Jog for Soundness
10:00 am Games Begin
4:00 pm Parade of Teams and Awards Ceremony

*THERE WILL BE A **FOOD BOOTH** ON THE GROUNDS
Breakfast and Lunch will be served on Sunday*

GAMES TO BE PLAYED

Bending Relay
Hi Lo
Stepping Stone Dash
Tool Box Race

Five Flags
Two Flag
Carton Race
Old Sock

Three Leg Race
Mug Race
Tie Breaker - Hula Hoop



ENTRIES CLOSE: June 1, 2006



This Rally will be run in accordance with the USPC Rules for Games Competition 2006, as well as the 2002 USPC Horse Management Handbook. We will waive minimum age requirements, as allowed for Regional competitions.

Mail Entry Forms and Checks to:

Anne Marcotte, 80 Lincoln Ave., Haverhill, MA 01830

For Information Contact:

Betty Staten 978.374.1173 or email elistate@yahoo.com

During the week of May 12-May 29

Please contact:

Anne Marcotte at 978.373.7473 or email anne.marcotte@verizon.net

GAMES CHAMPIONSHIPS

The winning Junior, Senior, and Advanced Teams will qualify to represent their region at the Championships. Be prepared to make a commitment on the day of the rally.

REQUIRED FORMS (Must Be Enclosed):

- Coggins Test
- USPC Chaperone Form
- USPC Rally Release Form
- USPC Medical Release Form
- Games Rally Entry Form

PLEASE SEND NAMES OF TWO ADULT VOLUNTEERS

Preferably people who are familiar with Games competition

OVERNIGHT ACCOMODATIONS IN THE TOPSFIELD AREA:

- **Homewood Suites** 978.536.5050 ~ Rt.1 North, Peabody
- **Motel 6** 978.774.8045 ~ Rt.1 North, Danvers
- **Residence Inn** 978.777.7171 ~ Rt.1 North, Danvers
- **Sheraton Ferncroft Resort** 978.777.2500 ~ 50 Ferncroft Rd, Rt.1 South, Danvers
- **Comfort Inn** 978.777.1700 ~ Dayton St, Danvers
- **Knights Inn** 978.774.6500 ~ Rt.1 North, Danvers
- **Hampton Inn** 978.535.2377 ~ Rt.1 North, Peabody
- **Camping** is available on the grounds for \$15.00/night.
Checks for camping should be made payable to **Essex Agricultural Society**.

DIRECTIONS TO TOPSFIELD FAIRGROUNDS

From points north: Route 95 to Route 1 South. Topsfield Fairgrounds will be on the left.

From points south: Route 95 to Route 1 North. Topsfield Fairgrounds will be on the right.

Note: We will have shavings available to purchase at the show grounds.



NEW ENGLAND INTER-REGIONAL GAMES RALLY ~ ENTRY FORM

Club Name _____ Region _____

Junior Team Name _____

Name of Rider:	Rating:	DOB:	Name of Mount:	Height: (in hands)
1*	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____

* Rider #1 indicates Team Captain

Team Chaperone Name: _____

Senior Team Name _____

Name of Rider:	Rating:	DOB:	Name of Mount:	Height: (in hands)
1*	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____

* Rider #1 indicates Team Captain

Team Chaperone Name: _____

Advanced Team Name _____

Name of Rider:	Rating:	DOB:	Name of Mount:	Height: (in hands)
1*	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____

* Rider #1 indicates Team Captain

Team Chaperone Name: _____

I hereby certify that the above participants are eligible under USPC rules for Games rallies.

DC Signature: _____

Adult Volunteer Names 1 _____ 2 _____

- Be sure to enclose: Coggins Test
 USPC Chaperone Form
 USPC Rally Release
 USPC Medical Release Form

NOTE: If you do not have your own pinny please let us know.