



CROSS STATE TRAIL RIDE

Thirtieth Annual Memorial Pleasure Trail Ride

JUNE 18 & 19, 2022

Ride Location

**Boy Scout Camp Squanto
Cutter Field Rd., S. Carver, MA
Miles Standish State Forest**

RIDE FEES—WEEKEND ONLY
CSTR MEMBER ADULT = \$135.00
CSTR MEMBER JUNIOR = \$125.00
NON MEMBER ADULT = \$145.00
NON MEMBER JUNIOR = \$135.00

NO PETS PLEASE ! NO POST ENTRIES ! \$10 CANCELLATION FEE !

Entries and Ride Inquiries

Margo Petracone
600 West Street
Barre, MA 01005
978-621-9812

westwindfm@aol.com

Pre-Registration only

Entries close May 27 and all entry forms and payments must be received by then

No refunds after May 27th unless space is filled

Payment may be made by mail to the address above or by PayPal on our website at

<http://www.cstronline.com/June.html>

Entry form must be submitted even if you use PayPal

- This is an unjudged, open pleasure ride, affiliated with New England Horse & Trail Assoc
- Mileage: Saturday's trail will be 15 miles and Sunday will be 10 miles.
- There will be NO driving.
- Bring your own horse & people water.
- Everyone in camp must be registered with the ride and pay the fee.
- Entry registration is for the weekend only
- No Dogs/No Pets - NO ALCOHOL per B.S.A.
- Bring Manure bucket and fork to facilitate cleanup
- A negative Coggins Test is required.
- Because of changing Federal Regulations regarding the transportations of horses across state lines, consider obtaining a health certificate and have a certificate of rabies inoculation with you. Please consult your local vet for advice.
- Plan on registering with management as soon as you are set up.

**AFFILIATED WITH
NEW ENGLAND HORSE &
TRAIL**

Visit us online at
www.cstronline.com

Ride on call Farrier will be
CSTR member Bonnie Reilly

The grounds will be open on Friday June 17 at 2 pm. All riders must be on the grounds by 7 AM on Saturday morning. It is not required that you camp over, but there will be no fee reduction if you do not camp. Ride briefing will be at Breakfast at 8 AM and everyone must attend this meeting. Meals are catered. Saturday meals includes breakfast (8AM) Lunch on trail & in camp and Supper (6:30PM) Sunday includes breakfast 8 AM. The field is small. Please plan on keeping paddock size to a minimum (approx 20' x 20')

Welcome Pizza Party on Friday night at 7:00 pm is included in the ride fee. We will have Pizza available for your enjoyment. Please bring your own beverages.

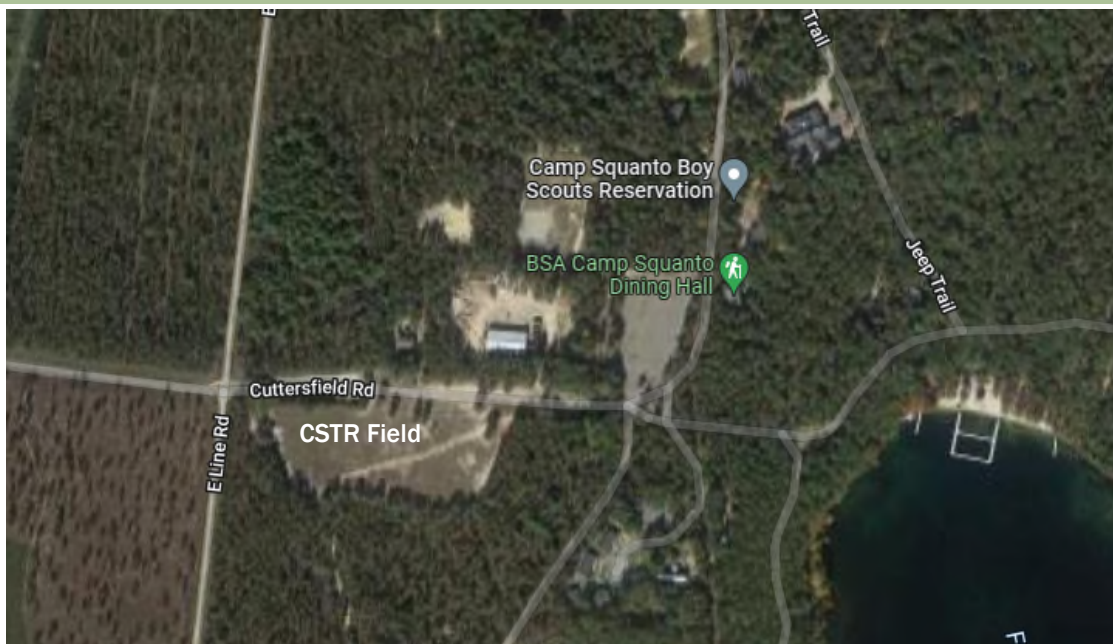


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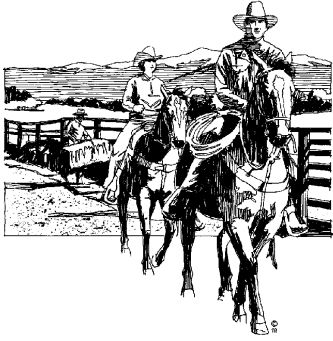


DIRECTIONS - FROM RTE 495 - Take Exit 2 off Rte 495 (Rte 58) and follow signs to Miles Standish State Forest. Go 3.2 miles to a right on Cranberry Rd, then 2.8 miles to headquarters and detour sign. Turn left onto Lower College Pond Rd and follow for 1 mile. At fork, bear right onto Halfway Pond Rd., Go 8 tenths to a right onto Upper College Pond Rd. Go 1 mile to a left onto Fearing Pond Rd., then 1.4 miles to a right onto Cuttersfield Rd., and 1.1 miles to Camp Squanto

FROM Rte 3 - Take Exit 13 off Rte 3 onto Long Pond Rd., travel 3.7 miles to Miles Standish State Forest Entrance on the right. Travel 1.8 miles on Alden Pond Rd to a left onto Upper College Pond Rd., then 3 miles to a left onto Fearing Pond Rd, then 1.4 miles to a right onto Cuttersfield Rd., and 1.1 miles to Camp Squanto

Link to online map [Google Maps](https://goo.gl/maps/WhjKsP3PGoCUNiQx8) <https://goo.gl/maps/WhjKsP3PGoCUNiQx8>

Do not use GPS in the PARK - it will not be accurate.



Thirtieth Annual Cross State Trail Ride Memorial Pleasure Trail Ride June 18 & 19, 2022 Affiliated with NEHT

NO DOGS - NO POST ENTRIES - \$10 CANCELLATION FEE
Entries are due by May 27th- No refunds after May 27 unless space is filled

Please fill in a separate entry form for each entrant whether rider or non-rider

Name _____ Phone _____

Address _____ CSTR Member: _____ YES _____ NO

_____ e-mail _____

CSTR Members ADULT Weekend	_____ @	\$ 135.00 = \$ _____
CHILD (under 12) Weekend	_____ @	\$ 125.00 = \$ _____
Non-Members ADULT Weekend	_____ @	\$ 145.00 = \$ _____
CHILD (under 12) Weekend	_____ @	\$ 135.00 = \$ _____

____ Payment enclosed

____ Payment via PayPal

Current Coggins Number: _____ and State _____ Include copy of Coggins

NEHT Rider # _____ Horse # _____

Waiver and Release of Liability

In consideration of being allowed to participate in any way in Cross State Trail Ride activities or events, I, the undersigned, and also including persons associated with me who may not be entered in the event, (1) Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death and severe social and economic losses which might result from their own actions, inaction or other risks not known to me or us or reasonably foreseeable at this time and also from the actions and/or inactions of others (2) Assume all the foregoing risks and accepts personal responsibility for the damages following such injury, permanent disability or death (3) Release, waive, discharge and covenants not to sue Cross State Trail Ride, Inc., its officers, directors or members, Massachusetts Dept of Conservation and Recreation, Boy Scouts of America, Mayflower Council, Camp Squanto and other owners and leasees of premises used to conduct the event, all of which are hereinafter referred to as "releasees"; from demands, losses or damages on account of injury, including death or damage to property caused or alleged to be caused in whole or in part by negligence of the releasees or otherwise and (4) Have read and signed the above Waiver and Release voluntarily and understand that I have given up substantial rights. I understand that trail riding can involve being in remote areas for extended periods of time, far from communications, transportation, and medical facilities; and that these areas may have many natural hazards which ride management cannot anticipate, identify, modify, or eliminate; that horses can be excitable, difficult to control, and unpredictable; and that accidents can happen to anyone at any time

Signature _____ Date _____

Signature of parent or guardian of minor child – **Give age of entrant if under 18** _____

Name of Emergency Contact _____ Phone _____

Mail to : **Margo Petracone, 600 West Street, Barre, MA , 01005**
Make checks payable to CROSS STATE TRAIL RIDE INC.