

CDRC/4H Combined Dressage/Jumper Clinic

ENTRY FORM

Show date:- May 9th

Entry deadline:- May 4th

Please complete one form per horse/rider combination

Name of rider: _____ **Name of Owner:** _____

2008 HCBC # (obligatory, please attach a photocopy) _____

Address: _____

'phone #: _____ **e-mail:** _____

Name of horse: _____

Classes entered, please check as appropriate (fee)

(Only one of 1-7) (Any of 8-14, but only once in each)

1 (\$30) _____ **8**(\$15) _____

2 (\$30) _____ **9** (\$15) _____

3 (\$30) _____ **10** (\$15) _____

4 (\$30) _____ **11** (\$15) _____

5 (\$30) _____ **12** (\$15) _____

6 (\$30) _____ **13** (\$15) _____

7 (\$30) _____ **14** (\$15) _____

Stall fee (\$20/day) _____

Total fees: _____

It is recognized that all equestrian sports involve inherent risk and that no helmet or protective equipment can protect against all foreseeable injury. I hereby accept this risk and hold harmless the CDRC, the competition, their officials, organizers, agents, employees and their representatives for any liability for loss, damage or injury to any person, animal and equipment arising out of my participation in this competition.

Signature of owner: _____

Signature of Rider: _____

Signature of parent or guardian for junior rider (under 18 years): _____

Date: _____

Please make cheque payable to CDRC and send to:-

Michèle Heath, 4373 Kingscote Rd., Cowichan Bay, B.C. V0R 1N2,

to arrive prior to May 4th.