

Queen City Dressage Circuit 2010 Entry Form

Do you want to participate in QCDC Year End Awards? Yes, No Sr. Jr.
 These **MUST** be circled on **EACH** entry form for scores to count!!

Date of Show: _____ Name of Show: _____

ONE HORSE/RIDER PER FORM ONLY

Class #	Class Description	Entry Fees
Stalls	STABLING FEE: PLEASE CALL BARNS FOR AVAILABILITY	
	OFFICE FEE:	5.00
	LATE FEE \$5.00 AFTER TUESDAY PRIOR TO SHOW DATE:	
	TOTAL:	

___ Coggins enclosed ___ Out-of-State Horse Health Certificate enclosed ___ Check Enclosed # _____

MAIL ENTRIES TO THE SHOW SECRETARY OF EACH SHOW. CLOSING DATE IS 7 DAYS PRIOR TO SHOW DATE.

I UNDERSTAND THAT EQUESTRIAN SPORTS ARE INHERENTLY DANGEROUS AND I AM PARTICIPATING AT MY OWN RISK. I AM WILLING TO ASSUME THIS RISK INVOLVED TO MYSELF, MY FAMILY, MY HORSE(S), GUESTS, MY VEHICLES AND ADDITIONAL PROPERTY. I HOLD THE ORGANIZERS OF THIS SHOW, THEIR VOLUNTERS, OFFICIALS, PROPERTY OWNERS, SANCTIONED BODIES, AND ANYONE ELSE INVOLVED IN THIS SHOW HARMLESS FOR ANY DAMAGE, LOSS, OR INJURY SUFFERED WHILE ON THE SHOW GROUNDS. I HAVE READ AND FULLY UNDERSTAND THIS RELEASE AND CONSENT TO THESE CONDITIONS TO ENTER THIS SHOW. THIS AGREEMENT IS MADE IN THE STATE OF OHIO AND SHALL BE ENFORCE AND INTERPRETED UNDER THHE LAWS OF THE STATE OF OHIO.

Signature: _____ Print Name: _____

(Parent OR Guardian MUST sign if the rider is under 18 years) Date: _____

Rider's Name: _____ Horse's Name: _____

Address: _____

Phone: _____ E-Mail: _____

Musical ride: Please specify Arena Size: Standard or Small Level:

Pas de Deux & Quadrille Riders: Please submit forms together, but EACH rider must submit entry form & fees.

Please state partners in you Musical ride:

TDC Show Only: Team Name and Members: