

Office use only:

Date received:

Amount:

Check #:

SADDLEBROOK RIDGE EQUESTRIAN CTR. DRESSAGE SCORE AND SCHOOL ENTRY

Saddlebrook Farm, INC.

ONE HORSE/RIDER COMBINATION PER ENTRY

DATE of CLINIC: _____

(PRINT CLEARLY PLEASE)

Rider: _____ DATE OF BIRTH: _____

(Circle if under 21) JR/YR

Address: _____ City: _____ State/Zip: _____

Email: _____ Phone: (H) _____ (C) _____

Member of: ESDCTA: YES / NO ECRDA: YES / NO ECSJ: YES / NO

Horse's Owner's Name: _____

Phone: (H) _____ (C) _____

Address: _____

Email: _____

Name of Horse: _____

Breed: _____

Age: _____ Color: _____ Height: _____ Gender: _____

Test to be Ridden with Judge:

Payment \$100.00

(includes cost of Office fee/Clinic fee/refreshments)

Cash, Check or Cashier Check ONLY Entries only accepted if complete with full PAYMENT and Signatures. Proof of Negative Coggins within ONE year & recent shots. I enclose herewith my entry which is made at my own risk and subject to the conditions and regulations of SREC, LLC. I understand that neither the organizing Committee, the host, judge, clinician nor the property owners accept any responsibility for accidents, damage, injury or illness to the horses, owners, riders, employees, attendants, spectators or any other person or property whatsoever in connection with this activity.

SIGNATURE: _____ Parent/Guardian Must sign if Competitor is Under 18)

Saddlebrook Prohibits smoking anywhere on the premises and NO DOGS ALLOWED anywhere on the property.