



# 2012 ESDCTA ENTRY FORM

For Dressage Shows, Combined Tests, Horse Trials and Clinics and/or Schoolings Recognized only by ESDCTA.  
 Only ONE horse per form. Please print clearly.  
 Mail this Entry form to the Secretary of the Activity.

Bridle No.
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Activity: _____	Date: _____
Location: _____	

Rider: _____	ESDCTA # _____
Address: _____ _____	<input type="checkbox"/> Adult Amateur
	<input type="checkbox"/> Open
Phone: _____	<input type="checkbox"/> Junior - Date of Birth: _____
Cell: _____	Email: _____

Please check appropriate box.  
You must list Junior Rider's DOB

Horse's Name	Breed	Color	Sex	Height	Age

Class #	Class, Division and/or Level	Fee

**Miscellaneous Information:**

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I agree in consideration for my participation in this Competition or Clinic sanctioned by ESDCTA to the following:  
 I am fully aware and acknowledge that horse sports and the competition involve inherent dangerous risks of accident, loss, and serious bodily injury including broken bones, head injuries, trauma, pain, and suffering or death ("Harm"). I hereby agree to release, indemnify and hold harmless ESDCTA, its clinicians, officers, show managers, agents, officials and volunteers from and against any and all loss, liability or damage arising from or because of, or in connection with, participation in this competition, clinic or related activities. I also agree to release, indemnify and hold harmless the show management, show committee and members, officers, agents, and volunteers from and against any and all loss, liability or damage arising from or because of or in connection with participation in this competition or related activities. If I am a parent or Guardian of a junior exhibitor, I consent to the child's participation and agree to all the above provisions and agree to assume all the obligations of this release on the child's behalf.

By signing below, \_\_\_\_\_ (print names) agree to be bound by all applicable rules and all terms and provision of this entry.

Rider's Signature \_\_\_\_\_  
 (Note: Parent/Guardian must sign if competitor is under 18)

Owner's Signature \_\_\_\_\_

**Stabling - Special Requests:**  
 Stabling Group \_\_\_\_\_  
 Dates \_\_\_\_\_ to \_\_\_\_\_  
 Total # of stalls needed \_\_\_\_\_

**Fees Enclosed:**

**Stabling Fees**

# _____ Day Stalls	@ _____ =	\$ _____
# _____ Overnight Stalls	@ _____ =	\$ _____
# _____ Tack Stalls	@ _____ =	\$ _____
# _____ Bags of shavings	@ _____ =	\$ _____
<b>Total Stabling Fees =</b>		\$ _____

Haul in fee for unstabled horses \$ \_\_\_\_\_

**Entry Fees**

Late Fee	\$ _____	
Office Fee	\$ _____	
Other Fee _____	\$ _____	
_____	\$ _____	
_____	\$ _____	
<b>Total Fees Enclosed =</b>		\$ _____

**ENTRIES WILL ONLY BE ACCEPTED IF COMPLETE WITH SIGNATURE(S),  
 FULL PAYMENT OF ALL FEES, AND (WHERE APPLICABLE) PROOF OF NEGATIVE COGGINS**