



**Schooling Shows
2015 Entry Form**

Official Use Only
Bridle #

| | | | |
|--|------------------------------------|--------------------------------------|-------------------------|
| Each show requires a separate entry, please specify: <i>One entry per horse/rider combination</i> | | Competition Name | Competition Date |
| Name of Horse | Breed | Sex | Date of Birth |
| Rider/Handler Name | Date of Birth (if under 18) | QCDC | |
| Rider/Handler Address | | City/State/Zip | |
| Rider/Handler Email | | Rider/Handler Phone Number(s) | |
| Owner Name | | Owner Email | |
| Owner Address | City/State/Zip | Phone Number | |
| Trainer Name | Trainer Email | Phone Number | |
| Stabling Special Request | | Contact | |
| Class Number | Class Description | Fees | |
| | | | |
| | | | |
| | | | |
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| | |
|---|----------------|
| Subtotal Class Fees | |
| Stabling – Barn B \$45.00/day Barn C - \$35.00/day | |
| Tack Stall - \$35.00/day- Barn C | |
| Non Compete \$50.00 | |
| Office Fee | \$10.00 |
| Shavings - #___/\$8.00 bag | |
| Convenience Fee 4% Visa/MC | |
| Late Fee - \$5.00 | |
| Total Fees | |

Disclaimer: I agree to make this entry at my own risk. I am aware and accept the risk that horses are potentially dangerous animals and that simply being around them can cause injury and even death. I/We agree to hold harmless Majestic Farm any and all officials, owners, volunteers, staff, judges, spectators, and any person connected with the show and barn from liability from any negligence resulting in any injury or accident to my self, children, heirs, property, and horse.
*Majestic Farm gladly accepts major credit cards (MC/Visa) for a 4% convenience fee.

Signature:

Parent/Guardian if under 18:

___ Visa ___ Master Card Number _____ Exp Date _____
Name On Card: _____ **3 Digit Code** _____
Billing Address _____ **Zip Code** _____

Queen City Dressage Circuit



Dressage Entry Form



Venue: _____ Date: _____ Name of Show: _____

Mail entry to Show Secretary of EACH show ~ **QCDC Points** _____ YES _____ NO

| | |
|--|---|
| Rider Name: _____ | Horse Name: _____ |
| Address: _____ | Breed: _____ Sex: _____ |
| City, State, ZIP: _____ | Height: _____ Color: _____ |
| Telephone: _____ | Coggins Date: _____ |
| E-Mail: _____ | *A copy of your horse's current coggins is required with this form. |
| *Out-of-state riders bring health certificate for your horse's entry | |

| Class Number | Class Description | Entry Fee |
|---|-------------------|--|
| | | |
| | | |
| | | |
| | | |
| | | |
| <input type="checkbox"/> This line must be checked in order to receive points. | | SUBTOTAL CLASS FEE: Stabling fee: _____ Office Fee: _____ Other Fees: _____ TOTAL: _____ |

** Late Fee: (\$5.00) per class for entries received after the Tuesday prior to the show date. All late entries based on availability.

**Stabling Group (List one name per group): _____

ONE HORSE/ONE RIDER PER FORM

Closing date is 7 days prior to the Show Date!!

~Musical Rides~ Please specify Arena Size: Standard _____ Small _____ Specify Level _____

Pas de Deux & Quadrille Riders- Please submit forms together, but please note: EACH rider must submit entry form and fees

State your partners in your musical rides: _____

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 volunteers, 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 enforced and interpreted under the laws of the state of Ohio.

Signature: _____ Print Name: _____

(Parent or guardian MUST sign if the rider is under 18)

****NOTE: 2015 USDF & USEF Dressage Tests will be used****