

Great Lakes Dressage Club Summer Series Dressage Show

August 3, 2008

Opening Date: July 1, 2008

Closing Date: July 30, 2008

HORSE _____

RIDER _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

| CLASSES | CLASS NUMBERS | | | | | FEES |
|----------|---------------|--|--|--|--|------|
| INTRO | | | | | | |
| TRAINING | | | | | | |
| FIRST | | | | | | |
| OTHER | | | | | | |

| | | | |
|--|------------|-------------------|---------|
| All Levels Classes | \$20.00 | Office Fee | \$10.00 |
| Quadrille; Pas De Deau | 20.00/Team | Class Fees | _____ |
| Sport Horse in-Hand | 15.00 | Stall Fees | _____ |
| Stalls | 25.00 | Camper Hook-up | _____ |
| Make checks payable to Great Lakes Dressage Club | | TOTAL FEES | _____ |

COPY OF NEGATIVE COGGINS TEST REQUIRED WITH ENTRY FORM

I UNDERSTAND THAT BY SIGNING THIS ENTRY FORM I AGREE TO ASSUME ALL RISKS OR INJURY OR PROPERTY DAMAGE THAT MAY OCCUR AT THIS SHOW. I UNDERSTAND THAT ENTERING THIS SHOW, COMING ON THE GROUNDS, AND PARTICIPATING IN THIS SHOW ARE EQUINE ACTIVITIES UNDER THE MICHIGAN EQUINE LIMITED LIABILITY ACT. I AGREE TO WAIVE ALL CLAIMS AGAINST THE FARM, ITS OWNERS, THE SHOW MANAGEMENT AND ITS EMPLOYEES FOR ANY INJURIES TO MYSELF, ATTENDANTS, OR HORSES THAT ARISE FROM PARTICIPATING AT THIS SHOW. I FURTHER AGREE TO WAIVE ALL CLAIMS FOR PROPERTY DAMAGE THAT ARISE FROM PARTICIPATING AT THIS SHOW. I AGREE TO BE BOUND BY THE RULES UNDER WHICH THESE SHOWS ARE CONDUCTED.

SIGNATURES

Rider _____

Owner: _____

Trainer: _____

Parent: _____

Crystal Young
5220 Waterville-Swanton Rd.
Swanton, Oh. 43558

Junior/Young Rider, Birth Date _____