

Date Received: _____	Amount: _____
Check Number: _____	_____

## SADDLEBROOK RIDGE EQUESTRIAN CENTER, L.L.C.

### ENTRY FORM

FOR DRESSAGE SHOWS, COMBINED TESTS, HORSE TRIALS AND CLINICS/SCHOOLING SHOWS AT  
SADDLEBROOK RIDGE EQUESTRIAN CENTER, L.L.C.

ACTIVITY: \_\_\_\_\_ DATE OF ACTIVITY: \_\_\_\_\_

RIDER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

STREET: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: (DAY) \_\_\_\_\_ (EVENING) \_\_\_\_\_ (CELL) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ MEMBERSHIP: \_\_\_ ESDCTA \_\_\_ ECRDA \_\_\_ USDF

NAME OF HORSE	BREED	COLOR	SEX	HEIGHT	AGE

CLASS NO.	CLASS, DIVISION AND/OR LEVEL	FEE

IF RIDING MORE THAN ONE HORSE, PLEASE STATE NAME AND CLASS/DIVISION/LEVEL

CLINICS/SCHOOLING: DESCRIPTION OF LEVEL/EXPERIENCE	SPECIAL REQUESTS

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.

**FEES ENCLOSED:**  
 Entry . . . . . \$ \_\_\_\_\_  
 Stabling:  
 \_\_\_ nights @ \_\_\_\_\_ \$ \_\_\_\_\_  
 Dates: \_\_\_\_\_  
 Other . . . . . \$ \_\_\_\_\_

SIGNATURE: \_\_\_\_\_  
 (Parent/Guardian Must Sign if Competitor is Under 18)

TOTAL ENCLOSED. . . \$ \_\_\_\_\_

**ENTRIES WILL ONLY BE ACCEPTED IF COMPLETE WITH SIGNATURE, ACCOMPANIED WITH FULL PAYMENT OF ALL FEES, AND WITH PROOF OF NEGATIVE COGGINS**  
**SADDLEBROOK RIDGE PROHIBITS SMOKING ANYWHERE ON THE PREMESIS AND NO DOGS ALLOWED!**