

Return entry to:
 TSHA Treasurer
 Dressage Entry
 948 Ekonk Hill Road
 Voluntown, CT 06384

2017 TSHA DRESSAGE SHOW ENTRY FORM

One horse/rider combination per form please
 Make checks payable to "TSHA" Black or Blue Ink ONLY
Please circle show date:

July 2 July 30 August 27

NAME OF HORSE AS IT READS ON COGGINS	Color	Sex	Foal Year	Height	Breed of Horse and Registry Registration # (if applicable)

Trainer Name:	Exhibitor Jacket size:	<input type="checkbox"/>	<input type="checkbox"/>	Non Pro Team Member:
Name of Exhibitor (one per entry)	2017 TSHA MEMBER	Date of Birth		Exhibitor's Home Address
	#	No		

Exhibitor's EMAIL: _____ Exhibitor's PHONE: _____ FARM NAME: _____

One horse/rider combination per form please

A copy of current coggins & rabies MUST BE ATTACHED

CLASS #	LEVEL	DIVISION	TEST	ENTRY FEE	OFFICE USE ONLY

SIGNATURE REQUIRED BELOW

I hereby enter these classes at my own risk and engage to be responsible for any injury or damages that may occur to or be caused by any animal, vehicles, or trappings, or the loss of any animal, vehicle or trappings exhibited by me. I acknowledge the importance of riding responsibly for my safety as well as the safety of others. I further agree to be fully responsible for the physical condition of any animal under my control or ownership and release the said Horse Show from any damages, expenses, or liability arising out of or resulting from any act or omission or the exhibitor or TSHA, their agents, volunteers, or employees. I certify that all my horse is free from contagious disease and acknowledge that any visible signs of illness will result in that horse being excused from the Show Grounds. I give my permission for the named exhibitor to receive any medical aid or hospital care. In case of emergency, I agree to abide by all rules and regulations in effect or later adapted. Failure to comply will result in the forfeiture of all entries and expulsion from the grounds. Manager's decisions are final. No refunds. My signature on this form is an agreement of the above. TSHA has my permission to use my image to promote TSHA

MY SIGNATURE ON THIS ENTRY FORM IS AN AGREEMENT OF THE ABOVE

Exhibitor's Signature _____

Parent/guardian signature required if exhibitor is 17 years of age or under

Total Dressage Entry Fees	\$	\$25.00 X Number of Tests entered
Two-Phase Entry Fee	\$	\$35.00 (one per horse/rider team)
Non-Showing Fee \$5.00	\$	For horses on the grounds and not entered in any tests
Tri-State Membership Fee	\$	Individual \$35.00 Family \$40.00
Non-Member Fee \$15.00	\$	For exhibitors who are not current 2017 members of TSHA
Office Fee ** for each entry	\$ 20.00	OFFICE USE ONLY Check# _____ Check# _____ Check# _____ Cash _____ Cash _____ Postmark Date: ____/____/____
Late Fee \$ 15.00 (if after closing date)	\$	
TOTAL AMOUNT	\$	

Associate with Entry(s) #

\$35.00 FEE CHARGED ON ALL RETURNED CHECKS

Make checks payable to "TSHA" **Black or Blue Ink ONLY**