

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

## 2020 TSHA DRESSAGE SHOW ENTRY FORM

\*\*One horse/rider combination per form please\*\*

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

Please circle one show date per form:

June 21<sup>st</sup>

August 2<sup>nd</sup>

**SUNDAY**

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"/>	Horse Sheet Size:
Name of Exhibitor (one per entry)	2020 TSHA MEMBER		Date of Birth	Exhibitor's Home Address
	Yes	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 #	CLASS NAME - Test & Level	DIVISION - Jr / Am Adult / Open	ENTRY FEE	OFFICE USE ONLY

<p><b>SIGNATURE REQUIRED BELOW</b></p> <p>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</p> <p>MY SIGNATURE ON THIS ENTRY FORM IS AN AGREEMENT OF THE ABOVE</p> <p>Exhibitor's Signature _____</p> <p style="text-align: center;">Parent/guardian signature required if exhibitor is 17 years of age or under</p>	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 2020 members of TSHA
	Office Fee ** for each entry	\$ 20.00	<b>OFFICE USE ONLY</b> Check# _____ Check# _____ Check# _____ Cash _____ Cash _____ Postmark Date: ____/____/____
	Falls Creek Farm Truck In Fee (per horse/weekend)	\$ 20.00	
	Late Fee \$ 15.00 (if after closing date)	\$	
<b>TOTAL AMOUNT</b>	<b>\$</b>		

Associate with Entry(s) # \_\_\_\_\_ \$35.00 FEE CHARGED ON ALL RETURNED CHECKS Make checks payable to "TSHA" Black or Blue Ink ONLY