



Dom Schramm Show Jumping and XC Clinic Entry Form

Tuesday July 9 & Wednesday July 10, 2019

Closing Date: Wednesday, July 3rd

Rider's Name: _____

Phone: _____ E-mail: _____

Street: _____

City: _____ State: _____ Zip: _____

Emergency Contact/Phone *Day of Event*: _____

Any Known Medical Conditions: _____

Horse's Name: _____ Breed: _____

Color: _____ Sex: _____ Age: _____ Height: _____

Rider is a: Junior _____ (under age 18, age _____) Senior _____ (over 18)

_____ Coggins and Release Form Included

Description of horse & rider experience (please include current competition level, how long horse and rider have been together, how long have you been competing at that level, highest level of rider, highest level of horse): _____

Fees: \$300.00/2 days or \$165.00/1 day only (specify which day)

Total Enclosed: _____

*****Auditors Free*****

Mail your signed entry form, fees (**please make check payable to EHH Eventing & Dressage**), and copy of negative Coggins (within 12 months of July 10th) **to Janet Sinclair, 129 Nason Hill Rd, Sherborn, MA 01770** Please contact us with any questions at www.janetsinclair1@live.com or 508-523-3327.

- Location: Course Brook Farm, 39 Brush Hill Road, Sherborn, MA 01770
- Entries & Start Times: First day is stadium, second day X-Ctry. Groups of 3-5. Privates or semi-privates may be an option. Please inquire. Provisional start times will be emailed.
- Terms & Conditions: Clinic will take place rain or shine. No rain date, no refunds after closing date unless space can be filled.

I enclose a total of \$ _____ for the aforementioned entry, which is made at my own risk and subject to the conditions of the sponsoring EHH Eventing & Dressage. Further, in doing so, I understand that this competition can be dangerous for both horse and rider. In addition, I release EHH Eventing & Dressage, Course Brook Farm, its members, all volunteers, the Town of Sherborn, landowners and organizers from any and all liability actions, causes of action, claims and demands of every kind and nature whatsoever which may arise in connection with or resulting from participation in any activities.

Signature: _____ **Date:** _____

(Parent or guardian must sign if competitor is under 18 years of age.)