



Cayuga Dressage and Combined Training, Inc. Entry Form

Bridle Number
(Office use)

To be used for CDCT, Inc clinics and schooling shows.
Entry form to be sent to the Secretary listed for the given Activity

Activity: _____ Date: _____

Location: _____

RIDER INFORMATION

Name _____
Street _____
City _____
State/Zip _____

Email _____
Cell Phone No. _____

HORSE INFORMATION

Name _____
Breed _____ Color _____ Sex _____ Height _____ Age _____

Class #	Show Class, Division and Level or Lessons - Private or Semi-Private	Fee

- CDCT Member
- Adult Amateur
- Open
- Junior – Birthday _____

STABLING Fees: Dates _____ to _____
_____ Day Stalls @ _____ = _____
_____ Overnight Stalls @ _____ = _____
_____ Tack Stalls @ _____ = _____

Special Requests:
Stabling Group _____

Entry Fees = _____
Late Fees = _____
Office Fees = _____
Other Fees _____ = _____

TOTAL (checks payable to CDCT, Inc.) : \$ _____

RELEASE: I understand that horse sports are high-risk activities, and I am participating solely at my own risk. I assume this risk for myself and my horse. I agree to hold harmless the Organizers, Organizing Committees, Cayuga Dressage and Combined Training, Inc., the host, the clinician, and property owners from any and all liability for any cause including negligence resulting in accidents, damage, injury, and illness to myself and to my property, including the horse I will be riding at this function.

Rider Signature: _____ Date: _____

Parent Signature, if rider is under 18 years of age: _____

ENTRIES will be accepted only if complete with signatures, payment of fees, and current Coggins & Rabies Certificates.