

# Equamore Dressage Show

NAME & DATE OF COMPETITION: \_\_\_\_\_

NAME OF HORSE                      BREED      HEIGHT      SEX      COLOR      YEAR BORN

\_\_\_\_\_

CLASS DESCRIPTION - INCLUDING LEVEL

CLASS FEES

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SUBTOTAL: \_\_\_\_\_

POST ENTRY FEE: \_\_\_\_\_

STABLING FEE: \_\_\_\_\_

EQUAMORE DONATION - \$5: \_\_\_\_\_  
(Not Mandatory)

OREGON HAY BANK - \$5: \_\_\_\_\_  
(Mandatory)

TOTAL: \_\_\_\_\_

RIDER'S NAME: \_\_\_\_\_

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

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

HOME PHONE NO: \_\_\_\_\_ ALTERNATE PHONE NO: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

I, the undersigned do not hold the show or agents responsible for any accident that may occur to any exhibitor, agent, horse, or equipment at this event.

RIDER'S SIGNATURE: \_\_\_\_\_ AGE: \_\_\_\_\_  
(PARENT OR GUARDIAN IF MINOR) (IF MINOR)

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