Date: _____ **Number: _____**

Dressage Entry Form

Entries will not be accepted without
Signatures and full payment of fees.
Complete all of the form. Include a Negative Coggins.

Name of Rider: _____Age of Rider_____
Name of Horse: _____
Address: _____
City, State, Zip: _____
Age: _____ Sex: _____Height_____
Color: _____ Breed: _____
Phone Number: _____ Coggins Date: _____
E-mail Address: _____

CLASS #	CLASS DESCRIPTION	FEE
	SUBTOTAL	

FEES FOR CLASSES ENTERED	
STABLING # Tack _____#Horse_____ $35.00 per stall	
OFFICE FEE	$10.00
TOTAL	

STABLE WITH: _____
ARRIVING: _____LEAVING: _____
COMMENTS: _____

WARNING UNDER FLORIDA LAW AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO, OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM PRESENT RISK OF EQUINE ACTIVITIES.

RIDERS SIGNATURE _____

PARENTS SIGNATURE (If rider is minor)_____