

LORD CREEK HORSE TRIALS

Sunday, August 31, 2003

OFFICIAL USE ONLY

SEND ENTRY TO:

Debbie Welles, Secretary
146-3 Boston Post Rd.
Old Lyme, CT 06371
Dwrs03@aol.com

Entry Fees		
Coggins /Rabies		
Signature		

INCOMPLETE ENTRIES WILL BE RETURNED

Rider: _____ Date of Birth: _____

Address: _____ Zip: _____

Telephone() _____ email: _____

Owner: _____

Address: _____ Zip: _____

Telephone() _____

Trailer Size: _____ Is this your first event? Yes No

Division: _____ Name of Horse: _____	
Color: _____ Sex: _____ Height: _____ Age: _____	
Rider Experience: _____ Horse Experience: _____	

I enclose herewith \$ _____ for the aforementioned entry, which is made at my own risk and subject to the conditions of sponsoring Horse Trials and, where applicable, the regulations of the USEA. I understand that neither the Organizing Committee, nor the employees and owners of Lord Creek Farm, Connecticut Valley Pony Club or High Hopes Therapeutic Riding accept any responsibility for accidents, damage, injury or illness to the horses, owners, riders, employees, attendants, spectators or any other person or property owners in connection with this event.

Rider Signature: _____ Date: _____

Parent Signature: _____ Date: _____

(NOTE: A Parent or Guardian must sign entry if competitor is under 18 years of age.)

Trainer: _____ Date: _____

Owner: _____ Date: _____