

LORD CREEK HORSE TRIALS

Sunday, September 1, 2002

OFFICIAL USE ONLY

Entry Fees		
Coggins /Rabies		
Signature		

SEND ENTRY TO:

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

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: _____