

# French Creek Dressage Association Winter Clinic Entry Form



EVENT \_\_\_\_\_ DATE \_\_\_\_\_

RIDER \_\_\_\_\_ FCDA Member No. \_\_\_\_\_

STREET \_\_\_\_\_ TOWN \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE # \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

HORSE	LEVEL/HEIGHT	ENTRY FEES
Non-member fee \$5.00		
<b>Volunteer Voucher(s)</b>		(\$ _____)
TOTAL =		

I enclose herewith a total of \$\_\_\_\_\_ for the aforementioned entry, which is made at my own risk and subject to the conditions of the organizer and the sponsoring French Creek Dressage Association. I agree to abide by the rules which cover this event as set forth by the USA Equestrian. **RELEASE :** I understand that this is a high risk sport and I am participating at my own risk. I hereby release and hold harmless the Organizer, Organizing Committee, judges and officials, the French Creek Dressage Association, their officers, agents and employees, the host and property owners from and all accidents, damages, injury, loss or illness to horses, owners, riders, employees, attendants, spectators or any other person or property loss suffered during or in connection with this event.

SIGNATURE: \_\_\_\_\_

(NOTE: Parent or guardian must sign for competitors under 18)

**Entries will only be accepted if completed with signature, full payment and Negative Coggins Test.**

**Make checks payable to: FCDA**

**Mail Entry to: Organizer c/o French Creek Dressage PO Box 85 St. Peters, PA 19470**