

Windermere Equestrian Center Winter Spring 2017 Schooling Series

CLOSING DATE FOR ENTRIES 6:00 PM **THREE DAYS** PRIOR TO SHOWS

WINDERMERE EQUESTRIAN CENTER

ENTRY BLANK (ONE HORSE PER ENTRY)

Entries will not be accepted without signatures where indicated. Each signature indicates that the signatory has read and understands the COMPETITION AGREEMENT printed on this Entry Form.

MAIL ENTRY TO: **Windermere Equestrian Center**
20615 Dunham Rd.
Clinton Township, MI 48038
586-465-2170

NO FIRST BEDDING. BAGGED SHAVINGS AVAILABLE, PLEASE ORDER WITH YOUR STALLS.

Stall Fees	\$35.00
Shavings (per bag)	\$8.00
Schooling Series Division Fee (All classes in one division)	\$80.00
Schooling Series Class Fees (For individual classes)	\$18.00
Walk Trot, Lead Line Class Fees	\$5.00

All competitors must wear headgear meeting ASTM/SEI standard with harness secured while mounted.

Trainer Name: _____ Name of Stable: _____

E-Mail: _____

Phone Number: _____

Trainer Signature: _____

Permission for minor to show: I hereby consent to entry of my child:

Parent/Guardian Signature: _____

Every entry at a recognized competition shall constitute an agreement and affirmation that the person making it, owner, lessee, trainer, manager, agent, rider and the horse:

1) Shall be subject to the constitution and the rules of the Association and the local rules of the competition; 2) That every horse and rider is eligible as entered; 3) That the owner, rider and any of their agents acknowledge that they participate voluntarily in the competition fully aware that horse sports and the competition involve inherent dangerous risk of injury or loss, and they agree to hold Windermere Equestrian Center and their officials, directors, employees and agents harmless for any injury or loss suffered resulting directly or indirectly from negligent acts or omissions of said officials, directors, employees or agents of Windermere Equestrian Center.

WARNING! UNDER THE MICHIGAN EQUINE ACTIVITY LIABILITY ACT, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR ANY INJURY TO OR THE DEATH OF A PARTICIPANT IN AN EQUINE ACTIVITY RESULTING FROM AN INHERENT RISK OF THE EQUINE ACTIVITY.

SHOW DATE: January | February | March | April | May
(CIRCLE ONE)

Name of Horse: _____ MHJA #: _____

Owner Name: _____

Owner Signature: _____

Name of Rider #1: _____ MHJA#: _____

Address: _____ City/State/Zip: _____

Phone: _____ Age: _____

Rider #1 Signature: _____

Classes for Rider #1

Name of Rider #2: _____ MHJA#: _____

Address: _____ City/State/Zip: _____

Phone: _____ Age: _____

Rider #2 Signature: _____

Classes for Rider#2

Division fee _____

of individual classes or warmups _____ at \$18.00 _____

Late fee (if applicable): \$25.00 _____

OFFICE FEE: \$10.00 _____

RECEIVED CHECK NO. _____ **Total Due** _____
AMOUNT PAID _____

BALANCE DUE _____