



CNYD&CTA Competition Entry Form



(Use for all competitions except Recognized Shows/Events; Use separate forms for each horse/rider combination)

| | | |
|------------------|---|---|
| CNYD&CTA Member? | Y | N |
|------------------|---|---|

| | | | | | |
|-----------------------------|--------------|--------------------------|------------|--------------|--------------|
| Name of Competition: | | Competition Date: | | | |
| Name of Horse | Breed | Sex | Age | Color | USDF# |
| | | | | | |

| | | | |
|--------------------------|-------------|--------------------------|---------|
| Rider Information | | Owner Information | |
| Jr/YR | birth date: | | |
| Print Name | | Print Name | |
| Street | | Street | |
| Town/City | | Town/City | |
| State/Zip | Phone # | State/Zip | Phone # |
| E-Mail Address | | E-Mail Address | |
| Rider USDF# | | Owner USDF# | |

| Class No. | Class Description (Please state level, test, and division; i.e. Jr/YR, AA, O, Non-Competing) | Class Fees |
|-----------|---|------------|
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- Ø **Adult** - an individual can compete as an Adult from the beginning of the calendar year in which they reach the age of 22.
- Ø **Jr/YR** - an individual can compete as a Jr/YR until the end of the calendar year in which they turn 21.
- Ø **Open** - any individual can compete.
- Ø **Non-Competing Horses** - \$10.00 per horse, include negative Coggins/Rabies and \$10.00 secretary fee, horse must wear number

| | |
|---------------------------|----------------|
| Class Fee Subtotal | \$ |
| FEES ENCLOSED | |
| CLASS FEE(S) | |
| Secretarial Fee | \$10.00 |
| Total Fees | \$ |

Jr/YR Rising Star Program Eligible (check)

Please submit my scores for the USDF Regional Schooling Show Awards Program (check)

(By checking this box, Rider understands and has read the USDF Regional Schooling Show Awards Program Rules)

Preference given to CNYD&CTA members unless otherwise stated. Entries will only be accepted if complete with all signatures, full payment of fees, proof of current Negative Coggins test or previous year (if NYS) and current rabies certificate (within 1 year of competition date). Complete entries are processed by post-mark date. Send entry to Show Secretary. **Make check payable to CNYD&CTA.**

Release: I understand that horseback riding, and in particular jumping, is a high-risk sport and I am participating in this competition at my own risk. I hereby assume this risk, and further do hereby release and hold harmless CNYD&CTA, the Organizer, the Organizing Committee, judges, officials and all volunteers, the host and property owners from all liability for negligence resulting in accidents, damage, injury, loss or illness to myself and to my property, including the horse I will ride in this competition. I will abide by all regulations and safety rules.

Rider's Signature: _____ **Date:** _____

Parent's Signature, if rider is under 18 years of age: _____

Emergency Contact Name & Relationship: _____

Emergency Contact Phone Number: _____