



# SLM Dressage



## Schooling Dressage Show Entry Form

Rider: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Division: \_\_\_ SR \_\_\_ JR/YR  
 Horse: \_\_\_\_\_ Breed: \_\_\_\_\_  
 Age: \_\_\_\_\_ Color: \_\_\_\_\_ Height: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Owner: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Trainer: \_\_\_\_\_

Class Name:	Fees
_____	_____
_____	_____
_____	_____
_____	_____

Total Class Fees: \_\_\_\_\_  
 Office Fee: \$10.00  
 Late Fee: \$20.00 (if applicable)  
 Total Enclosed: \_\_\_\_\_

Hold Harmless Clause: Understanding that horse sports may be hazardous and dangerous, even leading to permanent injury or death; each owner, rider, spectator and other participant assumes any and all risk of loss / injury, and agrees to hold harmless, regardless of negligent acts or omissions, SLM Dressage LLC, Dressage Experience Show Mgmt, the Burgess and Clark Family, the State of New Jersey, the Show Management, the Show Committee and all horse show personnel .I HEREBY ENCLOSE MY ENTRY WHICH IS MADE AT MY OWN RISK AND SUBJECT TO THE CONDITIONS AND REGULATIONS OF USDF, ESDCTA, ECRDA AND SUDDENLY FARM. I UNDERSTAND THAT THE ORGANIZING COMMITTEE, THE HOST AND THE PROPERTY OWNERS ARE NOT RESPONSIBLE FOR ANY ACCIDENTS, DAMAGE, LOSS, INJURY, OR ILLNESS TO THE HORSES, EQUIPMENT, OWNERS, RIDERS, EMPLOYEES, ATTENDANTS, SPECTATORS, VOLUNTEERS, OR ANY OTHER PERSONS OR PROPERTY, IN CONNECTION WITH THIS ACTIVITY.

Rider's Signature: \_\_\_\_\_ Owner's Signature: \_\_\_\_\_  
 Parent's Signature (if under the age of 18): \_\_\_\_\_ Date: \_\_\_\_\_

Mailed entries should be sent to:  
 Ellen Brindle-Clark: 13 Bunting Ave. Burlington, NJ 08016 (609)351-1054  
[ellen@dressageexperiencesms.com](mailto:ellen@dressageexperiencesms.com) / [www.horseshowoffice.com](http://www.horseshowoffice.com)

- Items to be included in your entry:
- \_\_\_ Completed and signed entry form
  - \_\_\_ Payment: Check made out to SLM Dressage
  - \_\_\_ Proof of negative coggins certificate (must have been pulled within one year of the date of show)
  - \_\_\_ Proof of EHV-1 (Flu/Rhino) Vaccination done within the past 6 months as required by USEF Rule [GR845](#).