



C-Horse Hunter Show – Saturday, August 5th, 2017

Entries due by July 31, 2017

Rider's Name: _____

Address: _____ City: _____

Postal Code: _____ Phone Number(s): _____

E-mail: _____ Horse Name: _____

Name of Stable: _____ Trainer's Name: _____

Please circle classes entered:

9:00am Start	
1) X-Rail Hunter	10) 2'6 Hunter
2) X-Rail Handy Hunter	11) 2'6 Handy Hunter
3) X-Rail Equitation Over Fences	12) 2'6 Equitation Over Fences
4) 2' Hunter	13) 2'9 Hunter
5) 2' Handy Hunter	14) 2'9 Handy Hunter
6) 2' Equitation Over Fences	15) 2'9 Equitation Over Fences
7) 2'3 Hunter	16) 3' Hunter
8) 2'3 Handy Hunter	17) 3' Handy Hunter
9) 2'3 Equitation Over Fences	18) 3' Equitation Over Fences
For more information on the Equi-Cup Series Please visit: www.equicup.com	

Number of Classes _____ X \$25.00	\$ _____
Paramedic Fee	\$ <u>25</u>
Administration Fee	\$ <u>20</u>
Day stall (limited) X \$40	\$ _____
Late Fee	\$ <u>25</u>
G.S.T. @ 5%	\$ _____
TOTAL:	\$ _____

Please make cheques payable to C-Horse Equestrian Center Ltd.

Entries can be mailed to: C-Horse Equestrian Center
Box 37, DeWinton, AB T0L 0X0

Or e-mailed to: chorse26@gmail.com

Please contact Rita Condon if you have any questions: 403-620-2277

I hereby certify that neither C-Horse Equestrian, nor the organizing committee, or owners of C-Horse Equestrian, nor any of their staff or agents shall be in any way liable for any accident, injury, damage, loss, or any other matter that may happen from any cause or circumstance whatsoever, to exhibitors, competitors, or members or their agents or to anyone on the tournament grounds or for any other loss, claim, matter, circumstance or event in connection with or arising out of, or attributable to their tournament or any journey to or from the tournament. It is to be understood and agreed upon that you indemnify and save C-Horse Equestrian, its owners, agents and employees from and against any and all liability arising out of such loss, damages, claims or costs.

Date: _____ Rider Name: _____

Rider Signature: _____

Parent/ Guardian Name: _____

Signature of Parent/ Guardian (if under 18 years old): _____



C-Horse Jumper Show – Sunday, August 6th, 2017

Entries due by July 31

Rider's Name: _____

Address: _____ City: _____

Postal Code: _____ Phone Number(s): _____

E-mail: _____ Horse Name: _____

Name of Stable: _____ Trainer's Name: _____

Please circle classes entered:

JUMPER 1 – Sand	JUMPER 2 – Grass
<p>9:00am Start</p> <p>1) 0.5m Training Jumper 2) 0.5m Training Jumper Stake</p> <p>3) 0.65m Training Jumper 4) 0.65m Training Jumper Stake</p> <p>5) 0.75m Schooling Jumper 6) 0.75m Jumper Stake</p> <p>7) 0.85m Schooling Jumper 8) 0.85m Jumper Stake</p> <p>9) 0.85m Jumper Mini Prix (not part of Equi-Cup)</p> <p>10) 0.9m Schooling Jumper 11) 0.9m Jumper Stake</p>	<p>11:00am Start</p> <p>12) 0.90m Jumper (not part of Equi-Cup) 13) 0.90m Jumper (not part of Equi-Cup)</p> <p>14) 1.0m Schooling Jumper 15) 1.0m Jumper Stake</p> <p>16) 1.0m Jumper Mini Prix (not part of Equi-Cup)</p> <p>17) 1.10m Schooling Jumper 18) 1.10m Jumper Stake</p> <p>19) 1.15m Schooling Jumper (not part of Equi-Cup) 20) 1.15m Jumper Stake (not part of Equi-Cup)</p>
<p>*For more information on the Equi-Cup Series Please visit: www.equicup.com</p>	

Number of Classes _____ X \$25.00		\$ _____
Stake Classes _____ X \$30.00		\$ _____
Fort Mac Fundraiser _____ X \$15.00		\$ _____
Paramedic Fee		\$ <u>25</u>
Administration Fee		\$ <u>20</u>
Day stall (limited) X \$40		\$ _____
Late Fee		\$ <u>25</u>
G.S.T. @ 5%		\$ _____
TOTAL:		\$ _____

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Date: _____ Rider Name: _____

Rider Signature: _____

Parent/ Guardian Name: _____

Signature of Parent/ Guardian (if under 18 years old): _____