

LORD CREEK FARM HORSE TRIALS
Sunday, September 5, 2004

OFFICIAL USE ONLY

SEND ENTRY TO:

Debbie Welles, Secretary
 146-3 Boston Post Rd.
 Old Lyme, CT 06371
 Dwrs03@aol.com

Entry Fees		
Coggins /Rabies		
Signature		

INCOMPLETE ENTRIES WILL BE RETURNED

Rider: _____ Date of Birth: _____

Address: _____ Zip: _____

Telephone() _____ email: _____

Owner: _____

Address: _____ Zip: _____

Telephone() _____

Trailer Size: _____ Is this your first event? Yes ___ No ___

Division: _____	Name of Horse: _____
Color: _____	Sex: _____ Height: _____ Age: _____
Rider Experience: _____	Horse Experience: _____

I enclose herewith \$ _____ for the aforementioned entry, which is made at my own risk and subject to the conditions of sponsoring Horse Trials and, where applicable, the regulations of the USEA. I understand that neither the Organizing Committee, nor the employees and owners of Lord Creek Farm, Connecticut Valley Pony Club or High Hopes Therapeutic Riding accept any responsibility for accidents, damage, injury or illness to the horses, owners, riders, employees, attendants, spectators or any other person or property owners in connection with this event.

Rider Signature: _____ Date: _____

Parent Signature: _____ Date: _____

(NOTE: A Parent or Guardian must sign entry if competitor is under 18 years of age.)

Trainer: _____ Date: _____

Owner: _____ Date: _____

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