



# ESDCTA ENTRY FORM

FOR DRESSAGE SHOWS, COMBINED TESTS, HORSE TRIALS  
AND CLINICS/SCHOOLINGS RECOGNIZED ONLY BY ESDCTA

OFFICIAL USE ONLY

Only ONE horse per form - Please print clearly  
Mail this Entry Form to the Secretary of the Activity

<b>ACTIVITY:</b> _____	<b>DATE:</b> _____
<b>LOCATION:</b> _____	

<b>RIDER:</b> _____	ESDCTA # _____
Address: _____	Date of Birth _____ Jr / Sr
Phone: _____	County _____

Horse	Breed	Color	Sex	Height	Age

Class #	Class, Division and/or Level	Fee

If riding more than one horse, please state name and class/level of other horse(s):

<b>SCHOOLING</b> - Description of Level/Experience   	<b>SPECIAL REQUESTS</b>   
I enclose herewith my entry which is made at my own risk and subject to the conditions and regulations of ESDCTA, Inc. I understand that neither the Organizing Committee, the horse, nor the property owners accept any responsibility for accidents, damage, injury or illness to the horses, owners, riders, employees, attendants, spectators, or any other person or property whatsoever in connection with this activity.  SIGNATURE _____ <small>(Note: Parent/Guardian must sign if competitor is under 18)</small>	<b>FEES ENCLOSED:</b> Entry \$ _____ Stabling _____ Nights at \$ _____ = \$ _____ Stabling Dates: _____ Number Deposit \$ _____ <b>TOTAL ENCLOSED:</b> \$ _____

**ENTRIES WILL ONLY BE ACCEPTED IF COMPLETE WITH SIGNATURE,  
FULL PAYMENT OF ALL FEES, AND (WHERE APPLICABLE) PROOF OF NEGATIVE COGGINS**