

Vershire Riding School
Summer Schooling Trials 2011

July 15 ; August 6 ; August 13

Event Date _____

Rider _____ Date _____

Email _____

Address _____

_____ Phone _____

Division _____ Junior _____ Senior _____

Name of horse _____ Color _____ Sex _____

Age _____ Height _____ Trainer / Stable Affiliation _____

Entries will be accepted only if completed with signature, full payment of entry fees, and proof of negative Coggins Test.

I enclose herewith a total of \$ _____ for the aforementioned entry, which is made at my own risk and subject to the conditions of the sponsoring Horse Trials. In addition, I assume all the risks resulting from participation in this horse trial and will hold harmless Vershire Riding School, owners and staff, from any and all liability actions, causes of action, claims and demands of every kind and nature whatsoever which may arise in connection with or resulting from participation in any of its activities.

Signature _____

Signature of parent or guardian if under 18 _____

MAIL ENTRIES WITH CHECK AND COGGINS TEST TO:

Secretary
Vershire Riding School
336 Vershire Riding School Road
Vershire, Vermont 05079