

**Vershire Riding School**  
**Summer Schooling Trials 2010**

July 16 ; August 7 ; August 21

Event Date \_\_\_\_\_

Rider \_\_\_\_\_ Date \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Division \_\_\_\_\_ Junior \_\_\_\_\_ Senior \_\_\_\_\_

Name of horse \_\_\_\_\_ Color \_\_\_\_\_ Sex \_\_\_\_\_

Age \_\_\_\_\_ Height \_\_\_\_\_ Trainer / Stable Affiliation \_\_\_\_\_

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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