

Southern Illinois Dressage Classic

Sept. 24-25, 2016

Entries must be received by Sept. 14, 2016

ONE HORSE/RIDER PAIR PER ENTRY FORM

3 classes maximum Sat/ 2 max Sunday for horse/rider combinations

Rider's Name:		(Ched	ck one) Adult _	JR/YR (ag	e?)	
Horse's Name:	Co	olor:	Breed:	Sex:	Age:	
Owner's Name (if different):		If Po	Pony, height Horse for sale?			
Address:						
E-mail:						
Stabling Request: _						
Class #	Class Description			Fees		
			LEDA Membe Championshi	•		
			Office fee	p class lee		
* Entries sent without Coggins included will pay \$10 fee.			Tack stall			
* Stalls do NOT include bedding.		Horse stall				
	Draw checks to: LEDA Mail entry to: Nancy Spear, T Little Egypt Dro 1 E. Lake Drive Murphysboro,	essage e IL 62966	Total			
I understand that riding	g/showing horses is a high-risk sport a	nd I am partici	pating (or allowing	g my child to pa	rticipate) at my (his/ho	

I understand that riding/showing horses is a high-risk sport and I am participating (or allowing my child to participate) at my (his/her) own risk. I hereby assume this risk and release and hold harmless Little Egypt Dressage Association, DuQuoin State Fairgrounds, volunteers, judges and officials from all liability for negligence resulting in accidents, death, damage, injury or illness to myself, my horse(s) or to my property during the show. I represent that I have the requisite training, coaching and abilities to safely compete in this competition.

*Signature of Rider or Parent of Jr. RiderDate:Date:	
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