

**COUNTRY PLAYDAY 2017**

**DATE: September 09, 2017**

**JUDGE: DICKSON RANCH PERSONNEL**

**TIME: 8:30 AM REGISTRATION; 9:15 AM START TIME**

**FEES: $70 All day, Plus $5 Drug fee per horse – OR $10 Per class , Plus $5 Drug fee**

**EXCEPT: Ages 8 and under (limited to first 4 classes) $40 plus $5 drug fee**

**CLASSES**

1. **KEYHOLE 5. BIG “T” BARRELS**
2. **POLE BENDING #2 (#1 FOR DIV. 1) 6. RUN & LEAD**
3. **QUAD-RANGLE POLES – 4 POLES**

**(2 POLES FOR DIV. 1) 7. FLAG RACE (tie breaker)**

1. **THREE-LEAF CLOVER BARRELS 8. RELAY RACE (will not count for high point)**

**\*High Point for Series and Reserve winners (except division 1)**

**DIVISIONS**

**(1) LITTLE PEOPLE; (2) SELECT (see mgmt);**

**(3) PBS (POTENTIAL BLAZING SADDLES); (4) HOT DOGS**

**PLEASE MAIL ENTRIES TO: DICKSON RANCH PO BOX 496 WOODACRE, CA 94973**

**FOR MORE INFORMATION, CALL: GRACE TOLSON @ (415) 488-0454; FAX (415-488-4039**

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| --- | --- | --- | --- |
| **NAME OF RIDER** | **HORSE** | **DIVISION** | **CLASS #’S OR ALL** |
|  |  |  |  |
|  |  |  |  |
|  |  |  | **Drug fee: $5.00**  **Post entry fee:**  **Total:** |

I HEREBY ENTER THE DICKSON RANCH SCHOOLING SHOW AT MY OWN RISK. I HEREBY RELEASE THE DICKSON RANCH, CHALMER AND GRACE TOLSON, ALL OWNERS, INSTRUCTORS, EMPLOYEES, JUDGES, VOLUNTEERS, OF AND FROM ALL CLAIMS WHICH MAY HEREAFTER ACCRUE TO ME, MY CHILD OR WARD ON ACCOUNT OF OR BY REASON OF ANY INJURY, LOSS OR DAMAGE WHICH MAY BE SUFFERED BY ME, MY CHILD OR WARD TO ANY PROPERTY BECAUSE OF ANY MATTER, THING OR CONDITION, NEGLIGENCE OR DEFAULT WHATSOEVER, AND I HEREBY ASSUME AND ACCEPT THE FULL RISK AND DANGER OF ANY HURT, INJURY OR DAMAGE WHICH MAY OCCUR AT THIS SHOW OR WHILE ON DICKSON RANCH PROPERTY THROUGH OR BY REASON OF ANY MATTER, THING OR CONDITION, NEGLIGENCE OR DEFAULT OF ANY PERSON OR PERSONS WHATSOEVER.

**DO NOT SIGN UNLESS YOU ARE WILLING TO ACCEPT FULL RESPONSIBILITY FOR ANY ACCIDENT WHICH MAY OCCUR TO YOURSELF, YOUR CHILD OR WARD OR REPRESENTATIVE.**

**\*\* You MUST be 18 years of age to sign this release\*\***

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Full Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (if applicable)

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City/State/Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Grace Tolson: (415) 488-0454; FAX (415) 488-4039

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dickson\_ranch@yahoo.com

#DicksonRanch