

Sunday May 20th 2018

Schooling Combined Test & Dressage Show

Combined Test: \$60 / Division ODS / WD Dressage: \$20 per test

Stabling: \$35/Night Extra C/T Dressage Rides: \$20 per test

Office Fee: \$10 per horse Extra Stadium Rounds: \$25 per round

Organizer: Torrance Medlock Closing Date: Tuesday May 15th 2018

14100 E. Cedar Lane Norman, OK 73071 405-641-6607

Ride Times: Will be posted by 3 PM Thursday May 17th 2018 via Facebook,

and on www.celticcrossequestriancenter.com/oec.html

Awards: 1st – 6th

USEA Rules will be followed for biting, saddlery, and falls:

Leg wraps/ bandages permitted in the ring. Riders must wear a hard hat & footwear with heels. Stadium will be 8 to 10 fences.

No telephone entries accepted. All entries must be completed in their entirety. Checks payable to CCEC. One entry per Horse/Rider combination. Payment is due with entry – not considered complete without it. No Entry money returned for rider cancelation of entry, after the closing date. Show Management reserves the right to change ride times when deemed necessary to facilitate the timely completion of the show.

Combined Test: (\$60 per Division+Office Fee \$10/ Horse)

Introductory: USDF 2018 Intro. Level A, Maximum Height 18"

Starter: USEA 2018 BN Test A, Maximum Height 24"

Beginner Novice: USEA 2018 BN Test A, Maximum Height 2'7"

Novice: USEA 2018 Novice Test A, Maximum Height 2'11"

Training: USEA 2018 Training Test A, Maximum Height 3'3"

Extra C/T / ODS / WD Dressage Test: (\$20 per test + Office Fee \$10)

All Levels up to Second Level Test Four All Tests ridden in small Arena

Extra Stadium Jumping Rounds: (\$25 per round + Office Fee \$10)

All Levels Up to Training



Combined Test & Dressage Show Entry Form May 20th 2018 (one entry per Horse/ Rider)

Combined Test Entry:

Rider:	Email: City:			
Address:				
		Phone:		
Instructor:				
Horses Name:	JR/SR Birth Year			
Horse Trial Division:	Dressage Test:			
CT Fees(\$60):	+ \$10 Office Fee + Extra Dressage Tests(if Applicable\$20)			
+Extra Stadium Rou	nds (if Applicable	e\$25)+Stall Fee(if	Applicable \$35)	
	Total Fees:			
ODS / WD / or Ex	ctra Combine	ed Test Dressage Ride E	ntry	
Rider:		Email:		
Address:		City:		
State:	Zip:	Phone:	Other:	
Instructor:				
Horses Name:				
Dressage Tests:				
Dressage Fees:	+ \$10 Office Fee + Stall Fee (if applicable\$35)			
	Total Fees:			
This is a Release	of Liability. P	Please Read before Sign	ing:	
risks and further do her and volunteers from lia and to my property, inc riding which meets the	reby release and hability for negligen cluding the horse(standards curren	t. I understand that this is a high nold harmless Celtic Cross Eques ace resulting in accidents, damag s) which I will ride. I agree to we tly imposed by United States Eq above information. My signature	trian Center, and all employees ge, injury, or illness to myself ear protective headgear while uestrian Association. I have read	
Rider Signature			Date	
Guardian Signatur	e if under 18		Date	
Owner / Agent Sig	nature		 Date	