



Sunday November 5, 2017

Schooling Combined Test & Dressage Show

Combined Test: **\$60 / Division**

Stabling: **\$35/Night**

Office Fee: **\$10 per horse**

Organizer: **Torrance Medlock**

14100 E. Cedar Lane

ODS / WD Dressage: **\$20 per test**

Extra C/T Dressage Rides: **\$20 per test**

Extra Stadium Rounds: **\$25 per round**

Closing Date: **Tuesday October 31, 2017**

Norman, OK 73071

405-641-6607

Ride Times: Will be posted by 3 PM Thursday November 2, 2017 via Facebook, and on www.celticcrossquestriancenter.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 2015 Intro. Level A, Maximum Height 18"

Starter: USEA 2015 BN Test A, Maximum Height 24"

Beginner Novice: USEA 2015 BN Test A, Maximum Height 2'7"

Novice: USEA 2015 Novice Test A, Maximum Height 2'11"

Training: USEA 2015 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

November 5, 2017 (one entry per Horse/ Rider)

Combined Test Entry:

Rider: _____ Email: _____
Address: _____ City: _____
State: _____ Zip: _____ Phone: _____ Other: _____
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 Rounds (if Applicable\$25) _____ +Stall Fee(if Applicable \$35) _____
Total Fees: _____

ODS / WD / or Extra Combined Test Dressage Ride Entry

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. Please Read before Signing:

I am participating in this equestrian sport. I understand that this is a high-risk sport. I hereby assume all risks and further do hereby release and hold harmless Celtic Cross Equestrian Center, and all employees and volunteers from liability for negligence resulting in accidents, damage, injury, or illness to myself and to my property, including the horse(s) which I will ride. I agree to wear protective headgear while riding which meets the standards currently imposed by United States Equestrian Association. I have read and do understand and agree to all the above information. My signature below is an affirmation of my agreement.

Rider Signature

Date

Guardian Signature if under 18

Date

Owner / Agent Signature

Date