

TEV-CDS SCHOOLING SHOW SERIES
 Black Dog Farm
 19680 Avenida Presa, Murrieta 92562

June 16, 2018 / Judge: Nicole Chastain Price, L
 July 21, 2018, Kathy Pavlich, R
 September 15, 2018 / Judge: Carolyn Lindholm, R

One Horse/Rider combination per entry
 Approved for CAWDA High Point Program

Please choose one show June July September

**Please type or print ALL blanks.
 ALL signatures MUST be filled in
 and correct entry fees included.**

Rider Status: Open AA JR/YR

Birthdate, if Jr/Yr: _____

| | | | | |
|----------------------------------|-------------|------------------|-----------|-----------------|
| Name of Rider | Address | City, State, Zip | Phone No. | |
| Name of Owner | Address | City, State, Zip | Phone No. | |
| Person respnsbl for horse @ show | Address | City State, Zip | Phone No. | |
| Name of Horse | Sex (S/M/G) | Year Born | Height | Color and Breed |
| Class # | Class Name | Fee | | |

Western Entries Add \$3 CAWDA Fee

I hereby agree to release and hold Harmless CDS, the management of this show, their officers,directors, employees, members or agents and/or the owners or managers of Black Dog Farm from loss, damage or injury resulting from participation of entry in this event, and expressly promise and agree to indemnify Black Dog Farm and the management of this show harmless from and against all and any claims, loss, damage, injury and liability however the same may be caused resulting directly or indirectly from such entry by applicant, and from any and all acts of omissions of applicant or any other person or thing.

| | |
|---------------------|---------|
| Total Class Fees | |
| Office Fee | \$10.00 |
| \$25 Late Fee | |
| California Drug Fee | \$5.00 |
| Grounds Fee | \$15.00 |
| Other | |
| Total Enclosed | |

In case of injury I hereby give my permission for emergency medical treatment to be given.

Rider or Agent's Signature _____ Owner or Agent's Signature _____
 Email address _____ Email address _____
 Trainer's Signature _____ Parent's Signature _____
****(Person responsible for horse at show)** (If rider is under 18)
 Email address _____ Email address _____
 Emergency Contact: Name: _____ Phone # _____

Mail Entries To:

Make check payable to: TEV-CDS

Schedule and Scores will be posted at:

Lynn Binkley
 19680 Avenida Presa
 Murrieta, CA 92562

www.tev-cds.com