

ENTRY FORM FOR TEV JULY JUBILEE *Receive by Close date Wednesday October 3, 2018

**** COMPLETE BOTH SIDES – ENCLOSE COPIES OF ALL CARDS – SIGN! ****

(Entrant/Signer is responsible for knowledge of all Show Rules and of all applicable CDS rules-see Prize List)

HORSE INFORMATION

Name: _____
 Breed: _____
 Sex: _____ Height: _____ Color: _____
 Sire: _____
 Dam: _____
 Dam's Sire: _____
 Country of Birth: _____ Pony ? _____
 Year of Birth: _____ Breeder: _____

OWNER INFORMATION

Name (print): _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Best contact phone #: _____
 Fax number: _____
 Email: _____
 CDS MEMBERSHIP #: _____

RIDER INFORMATION

Check here if info is the same as the owner

Name : _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Date of Birth: _____
 Phone #: _____
 Email: _____
 CDS MEMBERSHIP #: _____

TRAINER INFORMATION

Check here if info is the same as the rider

Name : _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone #: _____
 Email: _____
 CDS MEMBERSHIP #: _____

CLASSES ENTRY FEES

**3 Classes –per horse, per day Fourth level and below, plus Equitation allowed
 2 Classes per horse, per day in FEI classes allowed**

TOTAL CLASS FEES from page 2: \$ _____

MANDATORY FEES

Office Fee (per entry).....	FEE:	\$45.00
CDFA (California drug fee; all shows regardless of rating):.....	FEE:	\$ 5.00
CDS Travel Grant (all shows regardless of rating):.....	FEE:	\$ 3.00
CAWDA (Western Dressage High Point Program = \$3.00) Western classes only.....	FEE:	_____
CDS Non-member Fee (applies to each different Rider or Owner = \$15.00).....	FEE:	_____

STALL/GROUNDS FEE (see additional information in the Prize List)

Grounds Fee (per horse, per day including schooling day = \$ 30.00).....	FEE:	_____
Stall Fee (inclusive Fri to Sunday; add special instructions as an attached page please = \$130.00).....	FEE:	_____
Tack Stall Fee (inclusive Fri to Sunday = \$130.00).....	FEE:	_____
Day Stall (single daily fee no overnight = \$70.00).....	FEE:	_____

MISCELLANEOUS FEES

Donation (Please specify _____).....	AMT:	_____
Non-competing Horse Fee \$25/day (see Prize List for details).....	AMT:	_____
Late Fee (for entries not received by Wednesday October 3, 2018 = \$50.00).....	FEE:	_____
Change Fee \$25.00.....	FEE:	_____
Returned Check or Credit Card (\$25.00 minimum of 10% of total charges whichever is more).....	FEE:	_____
RV Parking (no hookup; Fri-Sun = \$35.00/day.....	FEE:	_____
Advertising Fee (specify advertiser: _____).....	FEE:	_____

TOTAL ENCLOSED:.....AMT:_____

Checks payable to: TEV-CDS

RECEIVE BY DATE NON-NEGOTIABLE – IT TAKES UP TO A WEEK FOR DELIVERY

Mail to: Diana Muravez, 2552 Los Cerritos Lane, Fallbrook, CA 92028 – Be sure to MAIL EARLY to be received by close date!

TEV – CDS
Entry Form – Page 2
and
SPECIAL INSTRUCTIONS PAGE

CLASS ENTRIES – One Horse/Rider combination
3 Classes (Equitation not counted) per horse, per day allowed

Class #:	Day:	Description:	FEE:
_____	_____	_____	_____
Class #:	Day:	Description:	FEE:
_____	_____	_____	_____
Class #:	Day:	Description:	FEE:
_____	_____	_____	_____
Class #:	Day:	Description:	FEE:
_____	_____	_____	_____
Class #:	Day:	Description:	FEE:
_____	_____	_____	_____
Class #:	Day:	Description:	FEE:
_____	_____	_____	_____
Total class fees			\$ _____

STABLING INSTRUCTIONS:

- 1) PLEASE STABLE ME WITH: (name of horse/rider) _____
- 2) SHAVINGS REQUESTED: Yes No (circle) **If yes, please attach the separate shavings order form**
- 3) OTHER INFORMATION: _____

OTHER SPECIAL REQUESTS OR INFORMATION YOU WOULD LIKE THE SHOW OFFICE TO KNOW:

Entry Agreement

By entering this Competition and signing this entry blank as the Owner, Lessee, Trainer, Manager, Agent, Coach, Driver, Rider, Handler, Valet or Longear and on behalf of myself and my principals, representatives, employees and agents, I agree that I am subject to the Rules of USEF - California Dressage Society and the local rules of the Competition. I agree to release and hold harmless the competition, CDS, their officials, directors and employees for any action taken under the Rules. I represent that I am eligible to enter and/or participate under the Rules, and every horse I am entering is eligible as entered.

I also agree that as a condition of and in consideration of acceptance of entry, the Competition may use or assign photographs, videos, audio, cable - casts, broadcasts, internet, film, new media or other likenesses of me and my horse taken during the course of the competition for the promotion, coverage or benefit of the competition, sport, or the Federation. Those likenesses shall not be used to advertise a product and they may not be used in such a way as to jeopardize amateur status. I hereby expressly and irrevocably waive and release any rights in connection with such use, including any claim to compensation, invasion of privacy, right of publicity, or to misappropriation.

Release, Assumption of Risk, Waiver, and Indemnification This document waives important legal rights. Read it carefully before signing.

I AGREE in consideration for my participation in this Competition _____ to the following:
I AGREE that CDS and the "Competition" as used herein includes the Licensee and Competition Management, as well as all of their officials, officers, directors, employees, agents, personnel, and volunteers.

I AGREE that I choose to participate voluntarily in the Competition with my horse, as a rider, lessee, owner, agent, trainer, or as parent or guardian of a junior exhibitor. I am fully aware and acknowledge that horse sports and the Competition involve inherent dangerous risks of accident, loss, and serious bodily injury including broken bones, head injuries, trauma, pain, suffering, or death.

I AGREE to hold harmless and release CDS and the Competition from all claims for money damages or otherwise for any Harm to me or my horse and for any Harm of any nature caused by me or my horse to others, even if the Harm arises or results, directly or indirectly, from the negligence of the CDS or the Competition.

I AGREE to expressly assume all risks of Harm to me or my horse, including Harm resulting from the negligence of the CDS or the Competition.

I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) the CDS and the Competition and to hold them harmless with respect to claims for Harm to me or my horse, and for claims made by others for any Harm caused by me or my horse while at the Competition. I have read the Rules about protective equipment, including USEF GRS01 and, if applicable, EV 114, and I understand that I am required to wear protective equipment, and I acknowledge that the CDS requires me to do so while WARNING that no protective equipment can guard against all injuries. If I am a parent or guardian of a junior exhibitor, I consent to the child's participation and AGREE to all of the above provisions and AGREE to assume all of the obligations of this Release on the child's behalf. I represent that I have the requisite training, coaching and abilities to safely compete in this competition.

I AGREE that if I am injured at this competition, the medical personnel treating my injuries may provide information on my injury and treatment on the accident/injury report form.

BY SIGNING BELOW, I AGREE to be bound by all applicable Rules and all terms and provisions of this entry blank and all terms and provisions of this Prize List. If I am signing and submitting this Agreement electronically, I acknowledge that my electronic signature shall have the same validity, force and effect as if I affixed my signature by my own hand.

SIGN ALL THREE LINES, EVEN IF SAME PERSON - MANDATORY

RIDER / DRIVER / HANDLER

1. Signature _____

Print Name _____

OWNER / AGENT

2. Signature _____

Print Name _____

TRAINER: Adult on grounds with responsibility for the horse

3. Signature _____

Print Name _____

EMERGENCY
CONTACT PHONE
NUMBER

MANDATORY

SIGN IF APPLICABLE

COACH Signature _____

Print Name _____

PARENT / GUARDIAN

Signature _____

Required if Rider/Handler is a minor

Print Name _____

TEV-CDS
FEED AND BEDDING ORDER FORM
Make Checks to: TEV-CDS

**Orders MUST be received by NOON Thursday before the show.
There will only be a limited number of extra shavings on hand for the weekend.**

Must be paid in advance with: cash, check or credit card.
Open checks and credit card info may be left on file in the show office.

RIDER: _____
PHONE: _____
HORSE: _____
BILL TO: _____
ADDRESS: _____
PHONE: _____
ARRIVAL DATE: _____

	Quantity	Price	Total
SHAVINGS: (11 cu ft)	@	\$12.00	

Make checks payable to TEV-CDS. We accept Mastercard/Visa/Discover

Credit Card #: _____ V-Code: _____

Print Name on Card: _____ Exp. Date: _____

Signature: _____ Billing Zip: _____

For office use only

Entry number:

Payment: