

Westman CADORA Spring into Summer Show
 June 27th, 2010
 Start time - TBA Judge – Jill McDonald

Horse Name: _____ Rider Name: _____

Address: _____ Phone #: _____

Email: _____ MHC #: _____ Division: Open/Junior

Owner Name: _____ Address: _____ MHC#: _____

Tests offered are “CADORA” tests, available online at www.cadora.ca. Circle level & tests to be ridden. Maximum 4 tests per horse/rider combination.

Starter Horse (Walk/Trot)	A	B				
Starter Rider (Walk/Trot)	A	B				
Training Level	1	2	3	4	Freestyle	
First Level	1	2	3	4	Freestyle	
Second Level	1	2	3	4	Freestyle	
Third Level	1	2	3	4	Freestyle	
Fourth Level	1	2	3	4	Freestyle	
					Total # of Tests	

Test Fees	\$20.00 per test	
Office Administration Fee (Mandatory)	\$10.00	
Stabling (Mandatory) circle night(s) (\$35/night or \$60 for weekend)	Friday Saturday	
Tack Stall (Optional)	\$35.00	
Westman CADORA Membership (Mandatory)	\$15.00	
Show Fee (Mandatory)		\$20.00
Total Fee Amount		\$

Please stable me with: _____ Tack stall with: _____

Please sign waiver on the back and forward to the address on the reverse side. Payment must accompany entry form, as well as a photocopy proof of current 2009 Manitoba Horse Council Membership. Entries are due in June 18, 2010

Approved ASTM helmets are mandatory for juniors (under 18 yrs), but strongly suggested for all riders. We will be following the current 2010 Equine Canada dressage rules although we are not an Equine Canada sanctioned show. You can find that information at www.equinecanada.ca.

White polo wraps are the only bandage allowed and half-chaps are acceptable at this competition. Boots with an a minimum height of heel (1/2”) must be worn when riding/showing. Riders may use the warm-up ring on the Friday; but not the show ring.

Entries will not be accepted if the waiver is not signed.

**THIS DOCUMENT WILL AFFECT YOUR LEGAL RIGHTS AND LIABILITIES
PLEASE READ CAREFULLY BEFORE SIGNING**

It is hereby recognized that all equestrian sports involve inherent risk and that no helmet or protective equipment can protect against all foreseeable injury. I further acknowledge that there are risks in riding and working around horses, and that these risks can include bodily injury to both horse and rider resulting from normal use, competition, and schooling.

In consideration of being allowed to participate in this event, I hereby assume all risks, and release and absolve the organizing committee of Westman CADORA, Manitoba Horse Council, and their officials, volunteers, officers, directors, agents, representatives, employees, and the owners and occupiers of the land upon which the competition is held, of all responsibilities, liabilities, negligence, or claims of any nature and kind which I have arising from participation in the event.

I hereby declare that in making this entry that I have read, and fully understand, and agree to the terms and conditions stated herein and this is binding upon my executors, heirs, and assigns.

Signature of Rider _____ Date _____

Signature of Owner/Agent _____ Date _____

If the rider is under the age of 18 years, it is acknowledged said rider will wear a properly fitted ASTM/SEI or BSI approved helmet. Juniors not meeting this requirement will not be allowed to compete at this competition.

I acknowledge as Parent/Guardian of _____ that I have read, and fully understand , and agree to the terms and conditions stated herein on behalf of _____.

Signature of Parent/Guardian _____ Date _____

Fees **MUST** be paid in full and dated no later than closing date June 18, 2010 in order for entry to be accepted.

Including photocopies of club membership (Dressage Wpg, Pony Club,) is recommended. A mandatory photocopy proof of current 2009 Manitoba Horse Council membership is required.

Please send completed entry, photocopies, and payment (payable to Westman CADORA) to:

Westman CADORA
C/O S. Danyliuk
Box 36
Carberry, MB
R0K 0H0

Bedding and feed will not be supplied. Please call Total Farm Supply for bedding 1-877-797-3276

This is not an EC sanctioned show.

Westman CADORA Jill McDonald Clinic June 26, 2010
Start time - TBA

Rider Name: _____ Horse Name: _____

Address: _____ Phone: _____

Email: _____ MHC # _____

Owner Name: _____ MHC # _____

Please circle the level that you are training at so that we can place you with someone training at the same level.

Walk/trot	Training	First level	Second Level	Third Level
Partner me with:				

	45 min Semi Private Clinic	\$60.00
	45 min Private (if available)	120.00
	Total Amount	\$

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I acknowledge as Parent/Guardian of _____ that I have read, and fully understand, and agree to the terms and conditions stated herein on behalf of _____.

Signature of Parent/Guardian _____ Date _____

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