

OVCTA BIG FALL SHOW ENTRY FORM

RIDER NAME: _____ DOB: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

May we add you to our email list? **Y / N** Do you already receive it? **Y / N**

Is it OK to share your email address with a limited amount of sponsors? **Y / N**

Is it OK to share your email address with the show photographer/video? **Y / N**

OVCTA Member? **Y / N**

In the event of an emergency on the day of the show, whom may we contact, and at what number? _____

Horse Name	Breed	Age	Sex	Hgt	Color	Class Entered Please use one line per class.		Entry Fees	
<p>Please make checks payable to: OVCTA</p> <p>Mail completed entries to: OVCTA Fall Show, Meghan Rosser 73 Bonnie Brae Road Spring City, PA 19475</p>							SUBTOTAL OF CLASS FEES	=	
							Deduct OVCTA Volunteer Chits Here (Max 2)	-	
							Non—OVCTA Members Please add \$10 Here	+	
							Grounds Fee REQUIRED PER ENTRY	+	\$5.00
							Late Fee - after 10/25/2015 Add \$10 Here	+	
							TOTAL CLASS & FEES HERE	=	

TURN THE PAGE OVER AND COMPLETE THE OTHER SIDE!!!



INCOMPLETE ENTRIES WILL NOT BE ACCEPTED!

I understand that the enclosed entry is made at my own risk and is subject to the conditions of the Show Committee, Organizer and the sponsoring Oley Valley CTA. I agree to abide by the rules which cover this event and those set forth by the USEF, USDF and USEA.

RELEASE: I understand this is a high risk sport and am participating at my own risk. I hereby release and hold harmless the Organizer, Show Committee, judges and officials, the Oley Valley CTA, their officers, agents, volunteers and employees, the host and property owners from any and all accidents, damages, injury, loss or illness to horses, owners, riders, employees, attendants, spectators or any other person or property loss suffered during or in connection with this event.

You assume the risk of equine activities pursuant to Pennsylvania Law.

NOTE: Parent or guardian MUST sign if competitor is under 18 years of age.

SIGNATURE OF COMPETITOR or Parent:

By initialing below, I allow OVCTA to use my image, taken of me at OVCTA activities for any and all OVCTA marketing. I understand that I will not be compensated in any way for this use. I further understand that this permission is granted indefinitely, unless I specifically revoke my permission. _____

ADDITIONAL INFORMATION FOR ENTRY

Are you eligible for Master's Award? **YES** / **NO**

*Master's Award is for rider's over 50 years of age.

Are you eligible for Junior Award? **YES** / **NO**

*Junior Award is for riders under the age of 18 as of the date of the show.

Is your horse eligible for the OTTB Dressage Classes? **YES** / **NO**

What is their Jockey Club Name or Tattoo number?

If you're riding in a Quadrille, what is the Team Name? _____

FOR SHOW SECRETARY USE ONLY PLEASE

MEMBER AS OF 10/15 of current year? **YES** / **NO**

FULL PAYMENT ENCLOSED? **YES** / **NO**

CHECK NO. _____

CURRENT COGGINS RECEIVED? **YES** / **NO**

RELEASE SIGNED? **YES** / **NO**

QUALIFIED FOR CHAMP? **YES** / **NO**

WHAT LEVEL? _____