



DVHA Thursday Night Dressage Show Entry Form

Only one horse per form – Please print clearly
 Mail entry form, check, and proof of negative Coggins to secretary

Activity: _____ Date: _____

Rider: _____ Date of Birth: _____ Jr/Sr

Street: _____ DVHA Member #: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Trainer: _____

NAME OF HORSE	Breed	Color	Sex	Height	Age

Class Number	Class, Division and/or Level	Fee

If riding more than one horse, please state name, and class/division/level

Special Requests

<p>I enclose herewith my entry, which is made, at my own risk and subject to the conditions and regulations of the DVHA. I understand that neither the organizing committee, the host nor the property owners accept any responsibility for accidents, damage, injury or illness to the horses, owners, riders, employees, attendants, spectators or any other person or property whatsoever in connection with this activity.</p> <p>SIGNATURE _____</p> <p><small>* Parent or guardian must sign if competitor is under 18 years of age</small></p>	<p>FEES ENCLOSED:</p> <p>Entry: \$ _____</p> <p>EMT Fee: \$5.00</p> <p>Total Enclosed: \$ _____</p>
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