



Deer Creek Farm Show Entry Form and/or Clinic Registration

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ENTRIES CLOSE and MUST BE POST MARKED 1 WEEK PRIOR TO EVENT***

Class #	2-PHASE DIVISIONS:* - \$50. per entry	
1.	Elementary	2006 USDF Beginner Novice Test A ...Jumps not to exceed 18" (max 5 jumps)
2.	Beginner Novice	2006 Beginner Novice Test A ...Jumps not to exceed 2'6"
3.	Novice	2006 Novice Test B ...Jumps not to exceed 2'9"
4.	Training	2006 Training Test B ...Jumps not to exceed 3'3"

* Dressage; Standard Outdoor Sand Arena and Mowed Jumping Field

DRESSAGE ONLY - \$25. per Entry** (USDF 2007 Tests)

5. Training Level Test #1
6. Training Level Test #2
7. Training Level Test #3
8. Training Level Test #4

9. First Level Test #1
10. First Level Test #2
11. First Level Test #3
12. First Level Test #4

13. Second Level Test #1
14. Second Level Test #2
15. Second Level Test #3
16. Second Level Test #4

17. **Prix Caprilli** (dressage test with 2-3 jumps) - **\$40. NEW!**
...click on the link to see a copy of this fun test!

Your Choice: Upper level rides can be ridden/judged upon your request.

**Dressage Only Tests; Standard Outdoor Sand Arena

PLEASE NOTE:

- This show will follow ALL (USEF) RULES
- Entries CLOSE 7 days prior to event
- ***Late Entries accepted but please add a \$ 20.00 Late Fee
- SCRATCHES: NO REFUND after closing date.
- CHECKS Payable to: Heidi Uhlman
22 Horner Rd
Thornton, NH 03285
- All entries must be accompanied by full payment and a copy of HORSE'S CURRENT COGGINS.
- No Pets Allowed! (no exceptions)

For more information about shows or clinics hosted at Deer Creek please contact: **Clinic Organizer & Show Secretary**
Heidi Uhlman ~ heidi@dcfarm.com
603-236-1571 cell
www.dcfarm.com

DEER CREEK FARM

Schooling Show Entry and/or Clinic Registration Form

SHOW DATE ____/____/____	CLINIC DATE ____/____/____
CLINIC NAME _____	
Name _____	
Address _____	
CITY _____	ST _____ Zip _____
Phone # _____	Cell# _____
E-Mail _____	Web Site _____
Name of Horse _____	Breed _____ Age _____
- EMERGENCY CONTACT INFORMATION -	
Name _____	Relation _____
Phone _____	Cell# _____

Class #	Class Name	Rider's Name	Horse's Name	Fee
				\$
				\$
				\$

Refundable Number Fee	\$ 2.00
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Late/Incomplete Entry Fee (\$20.00)	\$
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Clinic Name	Rider's Name / Horse's Name	Fee
		\$
		\$

Coggins Enclosed

STABLING	Day (\$20)	Overnight (\$25)	
# of Horses x...			= \$

TOTAL AMOUNT ENCLOSED	\$
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CHECKS Payable To and mailed to: Heidi Uhlman / 22 Horner Rd / Thornton, NH 03285

UNDER NEW HAMPSHIRE STATE LAW a participant in Equine Activities assumes the risk of any injury, harm, damage, or death and any legal responsibility that may occur to participant from the inherent risks associated with equine activities.

Pursuant to R.S.A. 508:19 Equine Professionals Are Not Liable For Damages Resulting From the Inherent Risks of Equine Activities

Riders Signature _____ Guardian's Signature _____
 (If under age 18, Parent/ Guardian Signature required)