

CRTR 2019 HUNTER/JUMPER SHOWS

RIDER: _____ HCBC #: _____ ATTACH PROOF OF MEMBERSHIP
 HORSE Name: _____ HORSE Owners Name: _____ if different
 Rider: (circle) Senior Amateur Pro Jr. Date of Birth if Junior: _____

Description of horse:

Size: ___hh if pony circle: Small Medium Large Age: _____ Colour: _____

Trainer (on Grounds): _____ Stable With: _____

DIVISION AND CLASS ENTRIES - Please circle divisions and enter individual classes

<u>JUMPERS</u>						
Individual classes and Medal (list class #'s)	_____					= _____ @ \$20 = _____
Division(s) Please Circle	A	B	C	D	E	= _____ @ \$35 = _____
Low Classes Please Circle	1	5	9	13	17	= _____ @ \$15 = _____
TOTAL = _____						

WAIVER MUST BE COMPLETED PRIOR TO RECEIPT OF SHOW NUMBER

<u>HACKS</u>						
Lead Line						= _____ @ \$0 = FREE
Individual classes (list class #'s)	_____					= _____ @ \$15 = _____
Division(s) Please Circle	F	G	H			= _____ @ \$35 = _____
TOTAL = _____						

<u>HUNTERS</u>									
Individual classes and Equitation (list class #'s)	_____					= _____ @ \$20 = _____			
Division(s) Please Circle	I	J	K	L	M	N	O	P	= _____ @ \$35 = _____
Low Classes Please Circle	40	44	49	54	59	64	= _____ @ \$15 = _____		
TOTAL = _____									

CLASS(S) TOTAL = _____

WAIVER MUST BE COMPLETED PRIOR TO RECEIPT OF SHOW NUMBER

<u>FEES</u>	
Schooling Rounds (Fri and Sat) (email crtr@gmail.com for time slots)	_____ @ \$15 = _____
Administration Fee	\$20.00
Late Entry Fee	\$25 = _____
Jump Crew Fee	\$10 = _____
Stabling per Day Paddock	\$15 = _____
Stabling per Day Stalls	\$25 = _____
Clean Stall Deposit Required \$25.00 refundable after inspection	Cheq # _____

FEE TOTAL = _____

CLASS(S) + FEES TOTAL = _____

Office Use Only

Rider # _____ Paid \$ _____ Cash / Cheque # _____ Attached: Y / N

I make these entries at my own risk and subject to the rules of the show and I agree to be bound thereby. I agree to make no claim against the show committee, or Campbell River Trail Riders Association, or the City of Campbell River, or officials connected to the shows; should any damage be occasioned to, or loss occur, to any equipment or animal, or accident or injury to any rider which I sent to the show. The undersigned owner, agent, rider, parent, guardian, hereby acknowledges and agrees to Accept all risk of negligence that may arise as a result of participating in equestrian activity at the Campbell River Trail Riders riding facility, and waiver any claim for personal injury or loss incurred on theses premises. Participants are advised to provide their own insurance coverage for all risks and liability. I hereby certify that every horse, rider is eligible as entered and agree for myself and my representatives to abide by the rules of HCBC. I hereby accept this risk and hold harmless HCBC, and CRTR the competition, their officials, organizers, agent's employees and their representatives.

PERSON RESPONSIBLE:

in event of a **JUNIOR RIDER:** _____ participates in a HCBC recognized competition where approved headgear is required for juniors and adults- he /she will wear a properly fitted ASTM OR BST APPROVED HELMET. It is understood that juniors/adults not meeting this requirement will not be permitted to compete at these competitions.

I further certify that **I HAVE READ ALL INSTRUCTIONS AND WILL COMPLY WITH THE RULES OF THE SHOW**, and am eligible as entered.

**** Please initial that you read and understand this form** _____

**PLEASE FILL OUT ALL INFORMATION BELOW IN PRINT FORM
OTHER THAN SIGNATURE AREA**

RIDER NAME: _____ RIDER SIGNATURE _____

RIDER'S CURRENT HCBC# _____ JUNIOR BIRTH DATE _____

HORSE SHOW NAME ONLY _____

MAILING ADDRESS _____

HOME PHONE NUMBER _____ CELL PHONE NUMBER _____

EMAIL ADDRESS _____

OWNER OF HORSE _____ OWNER SIGNATURE _____

SIGNATURE OF PARENT /LEGAL GUARDIAN _____ (For junior under 19 years of age)

Must be signed before entering ring Date signed: _____