

# Chagrin Valley Farms

## Combined Test

9250 Washington St. Chagrin Falls, OH 44023

January 5, 2020 - March 1, 2020

Rider Name:	Trainer Name:	
<small>Can use an address label</small>		
Address:		
City:	State:	Zip:
<small>Print clearly</small>		
e-mail:	Phone:	
Horse's Name:	Emergency Contact:	

Breed:                      Height:                      Age:                      Mare  Gelding  Stallion

CT Classes - \$40/Class	Dressage Only Classes - \$20/class
1. Intro - Intro Test B / Crossrails	8. Intro Test A
2. Very Green - Intro Test B / 1'6" - 2'	9. Intro Test B
3. Starter - Beg Nov Test A / 1'6" - 2'	10. Intro Test C
4. Beg Nov - Beg Nov Test B / 2'3"	11. Beginner Novice Test A
5. Novice - Nov Test A / 2'6" - 2'11"	12. Beginner Novice Test B
6. Training - Train Test A / 3' - 3'3"	13. Novice Test A
CT consists of 1 dressage test & 1 jumper round	14. Novice Test B
May enter divisions at TWO <u>consecutive</u> levels	15. Training Test A
Show will run Intro div. first, then finish with Training Division	16. Training Test B
	17. Training Level Test 1
	18. Training Level Test 2
	19. Training Level Test 3

Jumper Only Classes - \$20/Class	
1A. Intro -Crossrails	
2A. Very Green - 1'6" - 2'	
3A. Starter - 1'6" - 2'	
4A. Beg Nov - 2'3" - 2'6"	
5A. Novice - 2'6" - 2'11"	
6A. Training - 3' - 3'3"	

RELEASE: I understand that this is a high risk sport and am participating at my own risk. I hereby assume this risk and further do hereby release and hold harmless the Organizer, Organizing Committee, Judges & Officials, Employees & Volunteers, the Host of the competition and the Owners of the property on which the competition is to be held, from all liability for negligence resulting in accidents, damage, injury or illness to myself and to my property, including the horse or horses which I will compete at this competition.

<b>Entry Fees</b>	
<b>Combined Test Fee:</b> \$40.00/Class	<b>\$</b>
<b>Dressage Only Fee:</b> \$20.00/Class	<b>\$</b>
<b>Jumpers Only Fee:</b> \$20.00/Class	<b>\$</b>
<b>Schooling Fee:</b> \$15.00	<b>\$</b>
<b>Stabling Fee:</b> \$20.00/day \$40.00/night	<b>\$</b>
<b>Stabling:</b> <input type="checkbox"/> Day <input type="checkbox"/> Night	
<b>Stabled with:</b>	
Bagged Shavings # _____ \$7.00/Bag	<b>\$</b>
<b>Late Fee:</b> <small>Entry sent after closing date: \$10.00</small>	<b>\$</b>
<b>Total Enclosed</b>	<b>\$</b>

**CLOSING DATES:**  
December 31 (For January 5th)  
February 28 (For March 1st)

Make Checks Payable To:  
Chagrin Valley Farms

**Mail Entries To:**  
**CVF**  
**P.O. Box 714**  
**Chagrin Falls, OH 44022**

Call 440-543-7233 for  
Stabling Reservations

\_\_\_\_\_  
Signature (Parent/Guardian's Signature if under 18 yrs.)                      Date