

CDHJC Horsemastership Entry

Please mail to: **Amanda Wadsworth, 815 North Broadway, Saratoga Springs NY, 12866** or email to **awadswor@skidmore.edu**

Entries be accompanied by payment of **\$50**, checks made payable to **CDHJC**

NAME: _____ DATE OF BIRTH: _____

PARENT/GUARDIAN (for participants under 18): _____

ADDRESS: _____

PHONE #: _____ EMAIL: _____

CDHJC MEMBER #: _____ TRAINER/STABLE: _____

At the Equitation Finals, I will be participating in:

_____ SYMMES MEDAL FINAL	_____ CON CULKIN ADULT MEDAL	_____ MINI-MEDAL FINAL
_____ 2'0" MEDAL FINAL	_____ 2'3" MEDAL FINAL	_____ BEGINNER MEDAL FINAL

By signing this entry blank, I agree that I have read the rules and specifications of this competition and will abide by them. I agree to complete the written exam honestly and to the best of my ability. I understand that horse sports involve inherent risk, and agree that the CDHJC and all of its agents will be held harmless in the occurrence of accident or injury.

COMPETITOR SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____