

Dressage at DVHA Entry Form

Only one horse per form – Please print clearly

Mail entry form, check, and proof of negative Coggins to secretary:

Carol Santososso, 2349 Pennington Rd. Pennington, NJ 08534

Make checks payable to DVHA.

HORSE SHOW DATE: _____

NAME OF RIDER _____

Date of Birth: _____ Jr/Sr

Street Address: _____

City: _____ State _____ Zip: _____

Phone: _____

Email: _____

NAME OF HORSE: _____

Breed: _____

Color: _____ Sex: _____ Height: _____ Age: _____

Classes entering _____

DVHA members \$15 per test. **Nonmembers** \$20 per test \$ _____

EMT/Office fee \$20 per exhibitor \$ _____

Total fee \$ _____

Post Entries :call 609-397-8080 the day of the show to confirm space is available.

Special Requests: _____

I understand that neither the Organizing Committee or DVHA 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.

SIGNATURE _____

Parent or guardian must sign if competitor is under 18 years of age.