

ENTRY NUMBER \_\_\_\_\_  
Check Number \_\_\_\_\_  
Show Date \_\_\_\_\_



DVHA Member Number \_\_\_\_\_  
Please check:  
Senior Member  Junior Member   
Age as of December 1st: \_\_\_\_\_

# DVHA Show Entry Form

**Competitors please note: \*are REQUIRED FIELDS and MUST be filled in for entry to be accepted.**  
*One entry form per competitor • One entry form per discipline*

\*Competitor: \_\_\_\_\_ Email: \_\_\_\_\_  
\*Street Address: \_\_\_\_\_ \*Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
\*Town: \_\_\_\_\_ \*State/Zip: \_\_\_\_\_

*Fill in classes for as many divisions as entered at this show (check horse or pony for each class).*

Horse  Pony   
Pony Size: \_\_\_\_\_ Hands Division: \_\_\_\_\_ Class No(s): \_\_\_\_\_ Horse Name: \_\_\_\_\_ Fee: \_\_\_\_\_

Horse  Pony   
Pony Size: \_\_\_\_\_ Hands Division: \_\_\_\_\_ Class No(s): \_\_\_\_\_ Horse Name: \_\_\_\_\_ Fee: \_\_\_\_\_

Horse  Pony   
Pony Size: \_\_\_\_\_ Hands Division: \_\_\_\_\_ Class No(s): \_\_\_\_\_ Horse Name: \_\_\_\_\_ Fee: \_\_\_\_\_

Horse  Pony   
Pony Size: \_\_\_\_\_ Hands Division: \_\_\_\_\_ Class No(s): \_\_\_\_\_ Horse Name: \_\_\_\_\_ Fee: \_\_\_\_\_

EMT Fee (per competitor): \$10.00

TOTAL CLASS FEES: \_\_\_\_\_  
including EMT fee

I agree to participate willingly in today's competition and I am aware that horse sports and DVHA competitions involve inherent dangerous risks of accident, loss and serious bodily injury. I further agree that I assume all risks of harm to me and my horse(s) including harm resulting from DVHA, which I agree to release from any and all claims for monetary damages. I understand that I am entitled to wear protective equipment without penalty and I acknowledge that DVHA encourages me to, so while warning that no protective equipment can guard against all injuries. If I am a parent, I consent to my child's participation and I agree to these provisions and I agree to assume all the obligations of this release on my child's behalf. By entering today's show I agree to accept the rules of DVHA show management and I will abide with decisions of show management. I also certify that horse I enter are eligible as entered. Warning: Under NJ law and equestrian operator is not liable for an injury to or the death of a participant in equine animal activities pursuant to P.L. 1997, c 287 (C 5:15-1 et seq.)

RIDER/DRIVER/HANDLER

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Parents Signature\*\* \_\_\_\_\_

Parents Printed Name \_\_\_\_\_

\*\*Required for Juniors

OWNER/AGENT\*\*\*

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Street Address \_\_\_\_\_

State/Zip \_\_\_\_\_

\*\*\*If not applicable, competitor sign

TRAINER\*\*\*

Print Name \_\_\_\_\_

Street Address \_\_\_\_\_

State/Zip \_\_\_\_\_

Phone: \_\_\_\_\_