



EQUESTRIAN EVENTS, INC.



Presents

"THE SPRING SERIES"

at

Crescendo Farms

14245 SW Pleasant Valley Road ~ Beaverton, Oregon

Dressage Show: May 16th

Judge: Dawn Ruthven, Victoria, BC

BONUS: Clinic with Dawn after the show: May 17, 18 & 19. 45 minute private rides, stalls available. Call Katie for Info.

SHOW & CLINIC INFORMATION:

Katie Twombly aktwombly@gmail.com
Home: (503) 628-0494 Cell: (503) 703-7950

SHOW SECRETARY:

Janet Hogue janethogue@gmail.com
Home: (503) 645-8922 Cell: (503) 544-9023

OPEN DATE: April 5th CLOSING DATE: May 10th ENTRIES: \$25 per /test. Checks Payable to EEI
REFUNDS: After Closing w/vet slip. SCRATCHES: Class fee refund only if EEI can sell the ride time. POST ENTRY/CHANGES: \$5/class after closing.
STALLS: OVERNIGHT \$50 We clean stalls Sun, feed Sat pm/Sun am your feed if set by stall door. Available Sat 6p* DAY: \$30 Available Sat 7a-close of show.
SCHOOLING: *Sat 6-9p, Sun 7-8a. PROFESSIONALS: Will be judged but will not qualify for ribbons. HAUL IN FEE: \$15 per horse.
*Stalls will be available at close of Saturday's Show (Stalls and Arena Schooling could be available earlier than 6pm, call Katie on Friday 5/14 for estimated time).

CIRCLE ALL CLASSES TO BE ENTERED:

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|--|-------------------------------------|---------------------------------|
| 1. Intro A** (Junior) Leadline: Yes No | 7. Training Level, Test 2 (Junior) | 13. First Level Level, Test 1 |
| 2. Intro A (Adult) | 8. Training Level, Test 2 (Adult) | 14. First Level Level, Test 2 |
| 3. Intro B (Junior) | 9. Training Level, Test 3 (Junior) | 15. Test of Choice: _____ |
| 4. Intro B (Adult) | 10. Training Level, Test 3 (Adult) | 16. Pairs-Test of Choice: _____ |
| 5. Training Level, Test 1 (Junior) | 11. Training Level, Test 4 (Junior) | Pairs-Rider# 2 _____ |
| 6. Training Level, Test 1 (Adult) | 12. Training Level, Test 4 (Adult) | Pairs-Horse# 2 _____ |

Intro A can be ridden as a lead line, please circle yes or no above if applies. **ONLY ONE RIDER/HORSE PER ENTRY FORM. PLEASE PRINT LEGIBLY.

Boots or paddock boots/half chaps & helmets required. Classes may be split or combined due to number of entries. Humane training devices permitted (draw reins, side reins).
Jackets & Braiding are optional. Juniors: Riders ages 17 & Under. Concessions on grounds.
Trophy for 1st, Ribbons to 6th Place. Adults: Riders ages 18 & Over. NO SMOKING anywhere on the property.

Rider: _____ Birthdate: _____ Owner: _____ Birthdate: _____
 Address: _____ Address: _____
 City/ST/Zip: _____ City/ST/Zip: _____
 e-mail: _____ Phone: _____ e-mail: _____ Phone: _____
 Rider Division (circle one): Professional Amateur Junior

Trainer: _____ Horse: _____
 e-mail: _____ Phone: _____ Height: _____ Age: _____ Color: _____ Sex: _____

Class #'s Entered: _____ # Classes: _____ x \$25 = \$ _____
 Stall Requested: Overnight \$50 Day Stall \$30 Post Entry or Change Fee # Classes: _____ x \$5 = \$ _____
 Arrival Day/Time: _____ Stable With: _____ Stabling (\$50 or \$30) or Haul-in Fee (\$15) = \$ _____
 Required Office Fee = \$ 10.00
SHOW TOTAL= \$ _____

In consideration of the right to use Crescendo Farms/Equestrian Events, Inc. (CF/EEI), its property and facilities, the owner, lessee, rider driver, student or spectator and any of their agents, representatives or assigns acknowledge on their own behalf and/or on behalf of their minor children, that he/she and/or his/her minor children, participate voluntarily in this show. They are fully aware that horse sports and activities involve inherent dangerous risk and by participating they expressly assume any and all risk of injury or loss, and they agree, by signing and presenting this registration form, to hold CF/EEI, its owners, agents, employees, trainers, horse owners, lessors or lessees harmless for any injury or loss suffered during or in connection with their use of CF, its property and facilities, whether or not such injury or loss results directly or indirectly, from the acts or omissions, including negligence, of said owners, agents, employees, trainers, horse owner, lessors or lessees. If any action is taken against the above organizations, I agree to pay any and all attorneys fees to the above individuals and organization. In compliance with the Oregon Inherent Risk Law #ORS 30.687-30.697. Signing this entry shall be acceptance of this waiver.

Signature of Exhibitor or Parent/Guardian (Parent/guardian must sign if exhibitor or owner is under 18.) _____ Date _____

PLEASE MAKE CHECKS PAYABLE TO: EEI. MAIL ENTRIES TO: JANET HOGUE~SHOW SECRETARY 16600 NW JOSCELYN STREET BEAVERTON, OR 97006 OFFICE USE: ENTRY #: _____ CHECK#: _____ AMT: _____