

**Looking Glass Farm**  
**Schooling Dressage Show and Combined Test**  
**ENTRY FORM**  
**August 23, 2009**  
**Closing Date: August 18, 2009**

Horse's Name\*

Rider's Name\*

\*  Junior  Senior

Rider's Address

Rider's Phone #

Rider's E-mail

Owner's Name

Farm Name\*

Trainer's Name\* if any

Dressage Classes Entered

Combined Test Divisions Entered

# of Dressage Classes  @ \$25

# of Combined Test Div's  @ \$45

Total:

*\* Required information for Year End Award consideration*

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, Looking Glass Farm, Inc., the judges, officials, employees, volunteers and owner's of any property on which the show 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 show.

**Rider's Signature**

*PARENT OR GUARDIAN MUST SIGN IF COMPETITOR IS UNDER 18.*