

ENTRY CLOSING DATE: 15 April 2023

# 2023 Entry Form

PLEASE PRINT CLEARLY OR TYPE

**IMPORTANT:** Only ONE horse/rider per Entry Form. Every horse entered must be named and must have registered with all organizations. Deliver this entry with original signatures, Health Certificate, Coggins Report and Vaccinations to Show Secretary. Entry is not complete without horse documents. **SEND COMPLETE ENTRY FORM TO: Email: nance@swcp.com OR US Mail to: Nance McManus 498 Juan Tomas Rd. Tijeras NM 87059**



**OFFICE USE ONLY:**  
BRIDLE #:  
STABLING NOTES:  
OTHER NOTES:

|  |                           |
|--|---------------------------|
| NAME OF EVENT: <b>Ride-ReRide Clinic &amp; Show with Ellie Stine Masek</b> | DATE(S): 21-23 April 2023 |
|--|---------------------------|

|                                   |                                   |                          |         |                         |      |
|-----------------------------------|-----------------------------------|--------------------------|---------|-------------------------|------|
| HORSE NAME(one horse per form):   | BREED:                            | SEX:                     | HEIGHT: | COLOR:                  | AGE: |
| USEF# Not required for this event | USDF# Not required for this event | WDAA#                    |         |                         |      |
| Sire (info optional)              | Dam (info optional)               | Dam Sire (info optional) |         | Breeder (info optional) |      |

|                                  |                                    |                                   |               |
|----------------------------------|------------------------------------|-----------------------------------|---------------|
| RIDER NAME (one rider per form): | USEF# Not Req'd for this event     | USDF# Not required for this event | WDAA#         |
| ADDRESS:                         | Jr/YR DOB:                         | EMAIL:                            | PHONE#:       |
| OWNER NAME:                      | USEF# Not Req'd for this event     | USDF# Not required for this event | WDAA#         |
| ADDRESS:                         | EMAIL:                             | PHONE:                            |               |
| **TRAINER NAME (SEE BELOW):      | USEF # Not required for this event | WDAA#                             |               |
| ADDRESS:                         | EMAIL:                             | PHONE#                            |               |
| <b>AUDITOR NAME:</b>             | <b>AUDITOR Address:</b>            | <b>Phone:</b>                     | <b>Email:</b> |

\*\*TRAINER – person responsible for the horse during the show, must be 18years of age or older and must be on the show grounds during the show

| DAY      |               | DESCRIPTION   | AA, Open or JR | FEE            |
|----------|---------------|---|----------------|----------------|
| Friday   | Warm Up       | In Bujo Indoor Arena 1:00pm to 4:300pm (all riders must leave indoor at 4:30pm for arena grooming)            |                | \$30           |
| Saturday | Ride A Test*  | First Ride and ReRide - 25 Minutes Please Indicate Test(s): _____   |                | \$40 per test  |
| Saturday | Evening       | Dinner & Lecture with Judge Stine Masek at Doubletree by Hilton 4048 Cerrillos Rd Santa Fe # Attending: _____ |                | \$20 each      |
| Sunday   | Clinic Ride** | One Rider - 45 Minutes  |                | \$125          |
| Sunday   | Clinic Ride** | Two Riders - 45 Minutes Name of Other Rider: _____  |                | \$150/2 Riders |
|          |               | *may be WDAA or USDF Test **May be any discipline of Dressage   |                |                |
|          |               | <b>AUDITORS - SEE FEES BELOW</b>  |                |                |

| STABLING INFORMATION   |   | FEES   |                |
|--|---|--|----------------|
| ARRIVAL Date & Time:   |   | ONLY ONE HORSE/RIDER                                     | PER ENTRY FORM |
| DEPARTURE Date & Time:   |   | <b>Total Fees from above</b>                             | \$             |
| Please Stable With:  |   | <b>Office Fee \$10 per entry</b>                         | \$             |
| Responsible Person During Competition: EMERGENCY Phone Number During Competition:  |   | Stabling Fee (TOTAL from left column)                    | \$             |
| <b>STABLING FEES:</b>  | <b>DESERT WILLOW Barn</b><br>\$45/night incl 2 bags shavings OR <b>JUNIPER Barns</b><br>\$37/night Incl 2 bags shavings | <b>AUDITORS: \$20 per day x _____ days</b>               | \$             |
| Number of Horse Stalls:  |   | Trailer In Fee - \$20 per day:                           | \$             |
| Number of Tack Stalls \$25/night:  |   | DCNM Scholarship Fund (Optional)                         | \$             |
| Number of Additional Shavings Bags @ \$15 each(each stall includes 2 bags in above fee)  |   | CLINIC SPONSORSHIP (Optional): \$100<br>Name of Sponsor: | \$             |
| <b>TOTAL Stabling Fees \$:</b>   |   | OFFICE USE ONLY  |                |
| <b>Method Of Payment: PayPal - Send to: nmdshowpayment@gmail.com OR Mail check to: Nance McManus 498 Juan Tomas Rd, Tijeras NM 87059</b> |   | <b>TOTAL FEES</b>  | \$             |

I, \_\_\_\_\_, hereby agree to release, indemnify and hold harmless USEF, USDF, their instructors, officers, directors, agents, staff and volunteers from and against any and all loss, liability or damage arising from or because of, or in connection with, participation in this competition or related activities. I also hereby agree to release, indemnify and hold harmless, DCNM, the competition management, show committee and members, officers, directors, agents, staff and volunteers from and against any and all loss, liability or damage arising from or because of, or in connection with, participation in this competition or related activities.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(DCNM 3/2023)