

Date \_\_\_\_\_

# Ted Draper Training Stable

Assigned Show Number:  
\_\_\_\_\_

Print Name of Rider \_\_\_\_\_

Age \_\_\_\_\_

Print Name of Horse \_\_\_\_\_

Print Name of Trainer \_\_\_\_\_

Address of Rider \_\_\_\_\_

City \_\_\_\_\_

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

Phone # of Rider \_\_\_\_\_

Would you like to be on our e-mail notification list for Show Events?

Circle One: YES NO

E-Mail Address \_\_\_\_\_

Circle Class #	A	B	C	D	E		
1	2	3	4	5	6	7	8
9	10	11	12	13	14	15	16
17	18	19	20	21	22	23	24
25	26	27	28	29	30	31	32
33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48

1<sup>st</sup> 4 classes Entry Fee @ 12.00 Per Class

Number of Classes \_\_\_\_\_ X \$12.00 = \$ \_\_\_\_\_

Number of classes \_\_\_\_\_ X \$ 5.00 = \$ \_\_\_\_\_

Horse Drug Fee = \$ 5.00

Extra Charges = \$ \_\_\_\_\_

Make Checks Payable To:

**Ted Draper Stables**

Total \$ \_\_\_\_\_

Where as, the undersigned acknowledges the inherent risks involved in riding and working around horses. I release Ted Draper Training Stable, Ted Draper, his agents and employees of and from all claims which may hereafter develop or accrue to me on account of, or by reason of any injury, loss or damage which maybe suffered by me or to any property, because of any matter, thing or condition, negligence for default whatsoever. I hereby assume and accept the full risk and danger of any matter, thing or condition, negligence or default of any person or persons whatsoever. A \$25.00 will be charged on all returned checks.

Rider's or Guardian's Signature \_\_\_\_\_ Age \_\_\_\_\_

(If rider is under 18, parent or guardian must sign)

**We Encourage and Appreciate submitting entries before the Show Date:**

**Fax 707-546-2568 or mail to 530 Irwin Lane Santa Rosa, CA 95401**

Paid cash     Paid Check

Open Check # \_\_\_\_\_