



Painted Dreams Horse Farm Show Entry Form

Date of Show: _____

****Only one rider/horse combination per entry****

Rider: _____	ESDCTA #: _____
Address: _____ _____	Status:
Phone: _____	<input type="checkbox"/> Open
Email: _____	<input type="checkbox"/> Amateur
	<input type="checkbox"/> Junior- Birthdate: _____

Horse Name	Breed	Color	Age	Gender	Height

Class #	Level and Test and/or Class	Fee	Notes

*****Entries will only be accepted once full payment is made, signatures and proof of vaccinations are received by show staff.*****

Please attach proof of vaccinations and hold harmless agreement in entry email.

Rider's Signature

Print Rider's Name

Owner's Signature

Print Owner's Name

Parent/Guardian's Signature

Print Parent/Guardian's Name